

Name
in
Full

Charles Isaac Boetner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

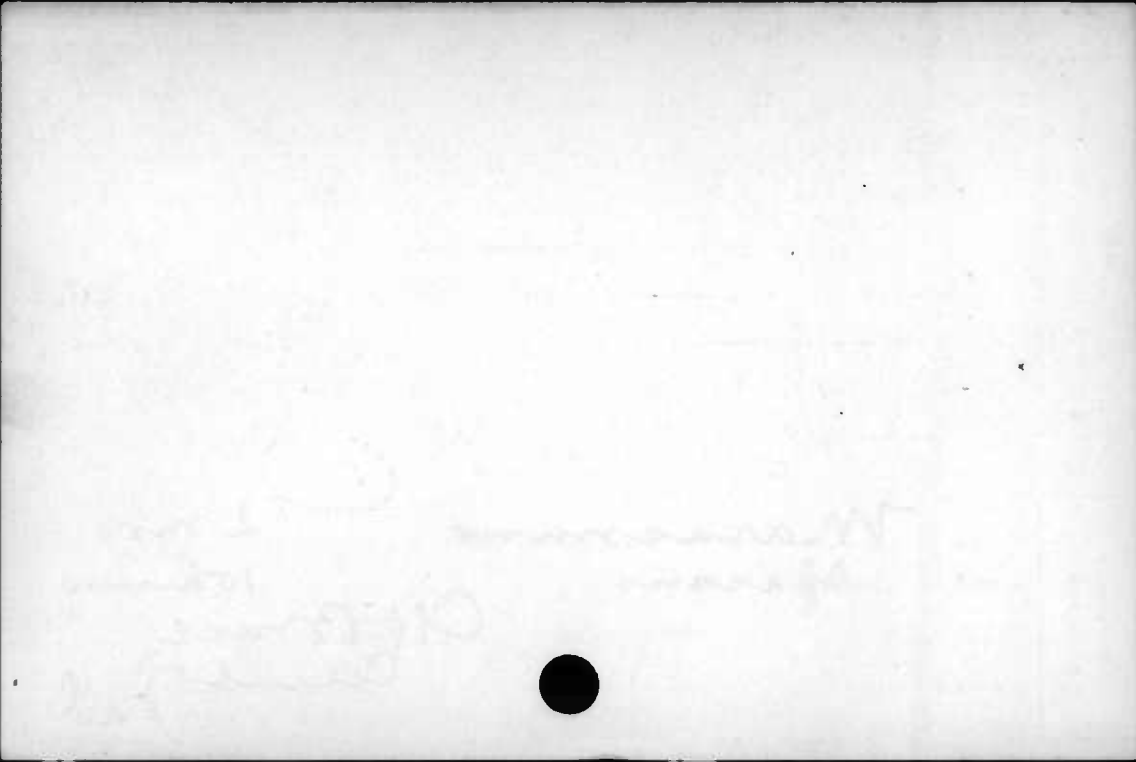
| | | | | | | | | | |
|---|--|----------------------------|--|--|--|--------|--|----------|--|
| Died at <i>Barton</i> | | Town | | <i>Allegany</i> | | County | | MARYLAND | |
| Date of death <i>1908 July</i> | | Month | | <i>24</i> | | Day | | <i>3</i> | |
| Age | | Years | | <i>12</i> | | Months | | Days | |
| Sex <i>Male</i> | | Color or Race <i>white</i> | | Birth-place <i>Alleg, Co</i> | | | | | |
| Occupation <i>L</i> | | | | Where Residing if not at place of death <i>L</i> | | | | | |
| Married, Single or Widowed <i>L</i> | | | | Name of Wife or Husband <i>✓</i> | | | | | |
| Father's Name <i>Charles Boetner</i> | | | | Father's Birthplace <i>Allegany Co</i> | | | | | |
| Mother's Maiden Name <i>Kate Preston</i> | | | | Mother's Birthplace <i>Alleg, Co</i> | | | | | |
| Name of person giving information <i>Mrs Dennis Preston</i> | | | | How related to deceased <i>Grandmother</i> | | | | | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | | | |
|---|--------------------|---|-------------------|
| Primary | <i>Diphtheria</i> | How long | <i>three days</i> |
| Immediate | <i>Convulsions</i> | How long | <i>One day</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>A. B. Boucher</i> | |
| | | Address <i>Barton</i> | |
| Accident or Suicide? <i>✓</i> | | | |



Name
in
Full

CERTIFICATE OF DEATH

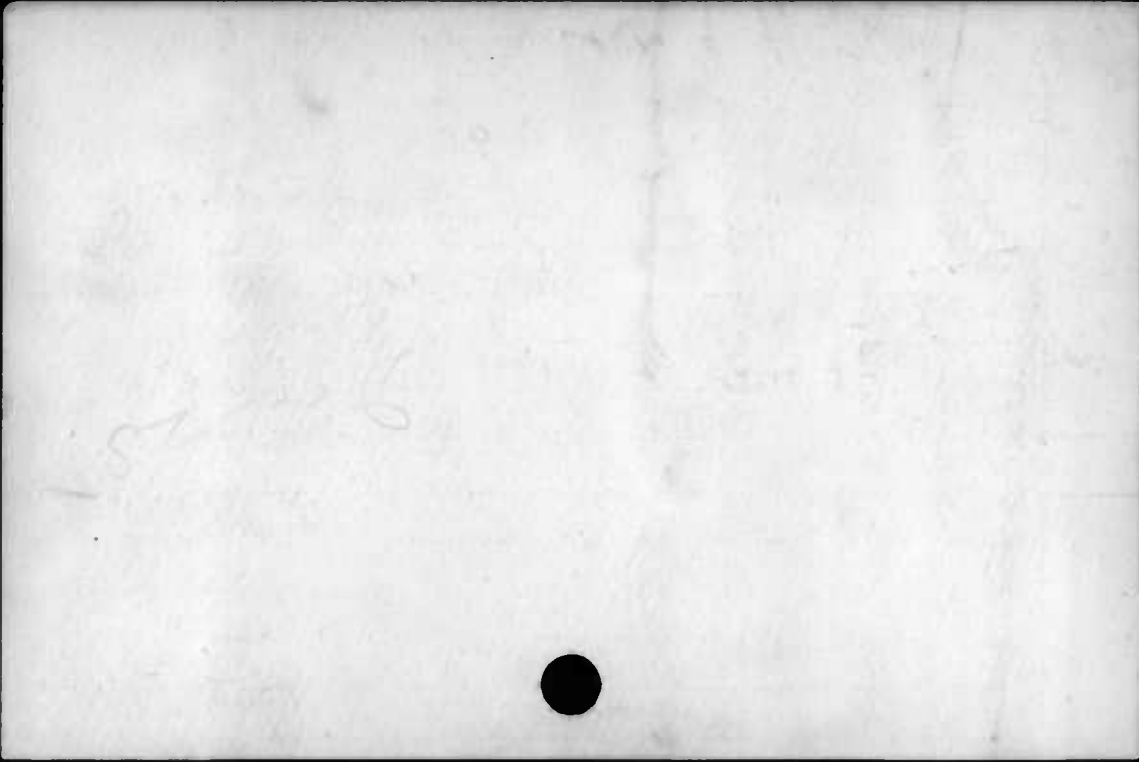
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|--|--|--------------------------|--|
| Name in Full Blyde Emery Boor Jr | | Town Near Cumberland | | County Allegheny | | STATE MARYLAND | |
| Died at | | Date of death | | Age | | Months 11 | |
| Date of death 1908 July 15 | | Month July | | Day 15 | | Years 1 | |
| Sex Male | | Color or Race White | | Birth-place Ind | | | |
| Occupation miner | | Where Residing If not at place of death | | | | | |
| Married, Single or Widowed Single | | Name of Wife or Husband — | | | | | |
| Father's Name Blyde Emery Boor | | | | Father's Birthplace Pa | | | |
| Mother's Maiden Name Rebecca Brant | | | | Mother's Birthplace Pa | | | |
| Name of person giving information Blyde E. Boor | | | | How related to deceased Father | | | |
| CAUSES OF DEATH | | | | | | | |

105

PHYSICIAN
OR CORONER

| | | | |
|--|--|--|--|
| Primary Enterocolitis | | How long 4 days | |
| Immediate Exhaustion | | How long few hours | |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician Edwina Harris, M.D. | |
| Address Cumberland | | Address Har. Ind. | |
| Accident or Suicide? Accident | | | |



Name
in
Full

George William Bowen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|----------------------------|---|--|-------------------------|-----------------|-----------------|---------------|
| Died at <i>Midland</i> | | Town <i>Midland</i> | | County <i>Allegheny</i> | | MARYLAND | |
| Date of death | <i>1908</i> | Month <i>July</i> | Day <i>4</i> | Age <i>40</i> | Years <i>40</i> | Months <i>2</i> | Days <i>3</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Consolidation</i> | | | | |
| Occupation <i>Art.</i> | | | Where Residing if not at place of death <i>Midland</i> | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>George William Bowen</i> | | | | | |
| Father's Name <i>William Bowen</i> | | Father's Birthplace <i>Wales</i> | | | | | |
| Mother's Maiden Name <i>Elija Baughn</i> | | Mother's Birthplace <i>England</i> | | | | | |
| Name of person giving information <i>James Bowen</i> | | How related to deceased <i>Brother</i> | | | | | |

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------------|---|----------------|
| Primary | <i>Paralysis.</i> | How long | <i>3 days.</i> |
| Immediate | <i>Cerebral Hemorrhage</i> | How long | <i>3 cc</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>J. K. White</i> | |
| | | Address <i>National</i> | |
| | | <i>Ind.</i> | |
| Accident or Suicide? | | | |

J. Hafer.

Allg. Cem.

Town.

Name
in
Full

Viola Bowser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--------|---------------|-------|---|--------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1908 | | July | 7 | 7 | — | 7 | — |
| Sex | Female | Color or Race | White | Birth-place | Cumuld | | |
| Occupation | None | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | | | Name of Wife or Husband | | | |
| Father's Name | | | | Joseph Bowser | | | |
| Mother's Maiden Name | | | | Daisy Brant | | | |
| Name of person giving information | | | | Joseph Bowser | | | |
| Father's Birthplace | | | | Bedford, E. Pa. | | | |
| Mother's Birthplace | | | | Cumuld | | | |
| How related to deceased | | | | Father | | | |

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

| | | | |
|--|----------|------------------------|--------|
| Primary | Marasmus | How long | 2 mos |
| Immediate | Spasms | How long | 10 hrs |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | C. H. Brace | |
| Address | | 2 Cumuld | |
| Accident or Suicide? | | No | |



Name
in
Full

Charles Boyer

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Sylvan Retreat Allegany

Date

Month

Day

Years

Months

Days

of death

1908 July

23

Age

50

Sex

Male

Color or
Race

White

Birth-
place

MD

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Do not know

Father's
Birthplace

Unknown

Mother's
Maiden Name

" " "

Mother's
Birthplace

How related
to deceased

Not known

Name of person giving
information

Dr. Hice

CAUSES OF DEATH

173

Primary

Refused to take nourishment

How long

2 mo

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. J. Furrig

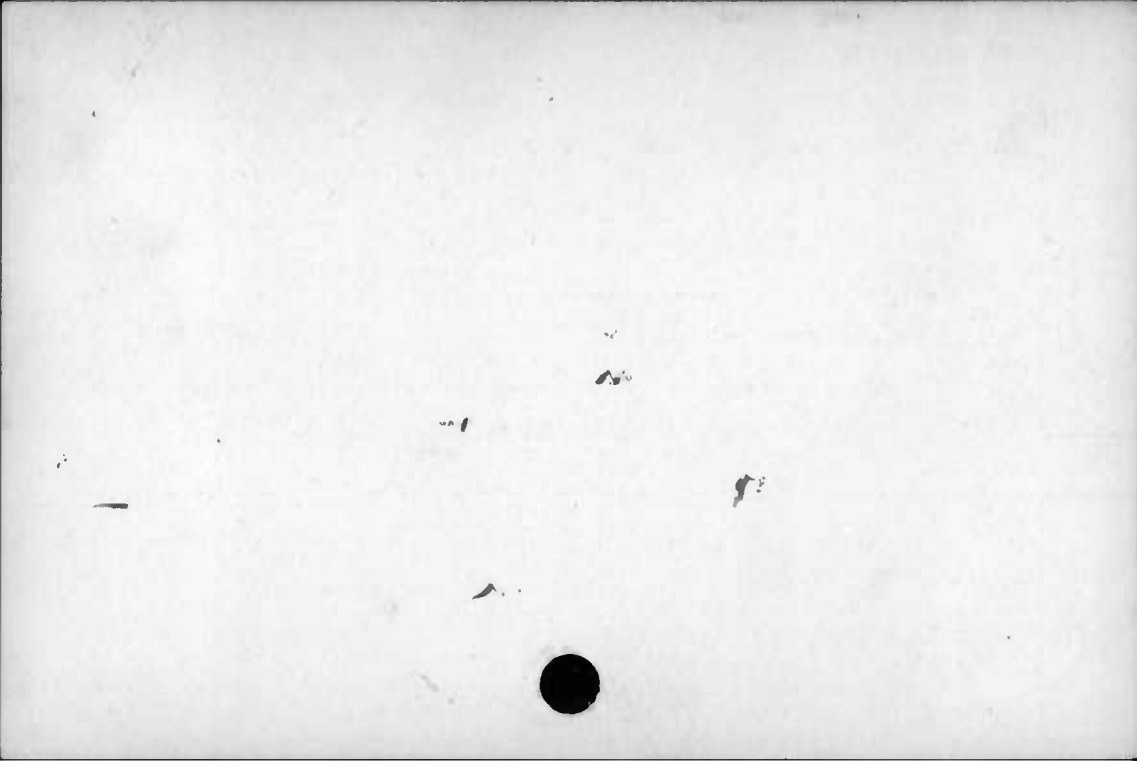
Address

Cambridge
MD

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant of Howard & Emma Brinkman

MARYLAND

Died at Emma Town Alb County
 Date of death 1908 July 2 Age — Years — Months — Days —
 Sex Male Color or Race White Birth-place Ind
 Occupation name Where Residing if not at place of death name

Married, Single or Widowed Single Name of Wife or Husband name
 Father's Name Howard Brinkman Father's Birthplace Ind
 Mother's Maiden Name Emma Gray Mother's Birthplace Ind
 Name of person giving information Howard Brinkman How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Premature birth How long —
 Immediate Exhaustion How long 5 hrs.
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Edward Harris
Stew. Address Cumberland
 Accident or Suicide? X Harris Ind.

0/70/10/16

Name
in
Full

CERTIFICATE OF DEATH

infant Burrell

Town

County

MARYLAND

Died at

Crumland

Accugay

Date

1908

Month

July

Day

6

Age

Years

-

Months

one

Days

-

Sex

Female

Color or
Race

Colord

Birth-
place

Crumland

Occupation

none

Where Residing if not
at place of death

-

Married, Single
or Widowed

Single

Name of Wife or
Husband

-

Father's
Name

Robert Burrell

Father's
Birthplace

Crumland

Mother's
Maiden Name

Jessie Hall

Mother's
Birthplace

Crumland

Name of person giving
information

Joseph Hall

How related
to deceased

Grandfather

CAUSES OF DEATH

Primary

unknown (had an
umbilical hernia)

How long

150

Immediate

unknown (saw infant
once)

How long

-

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

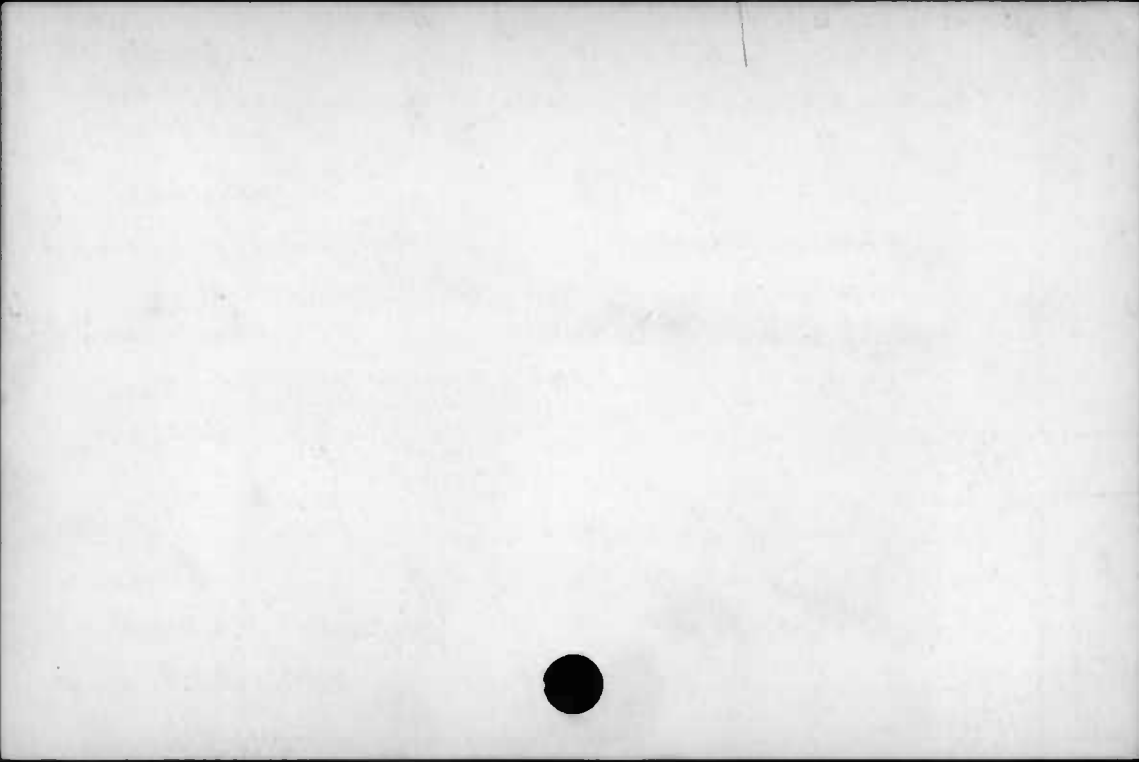
A. J. Duke

Address

Crumland Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Burrhead

Town

County

Accrigan

Date

1908

Month

July

Day

6.

Age

Years

59 =

Months

2

Days

Sex

Female

Color or
Race

White

Birth-
place

W. Va

Occupation

House wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Benjamin Burton

Father's
Name

Do not know

Father's
Birthplace

Do not know

Mother's
Maiden Name

Do not know

Mother's
Birthplace

Do not know

Name of person giving
information

Benjamin Burton

How related
to deceased

Husband

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Nephritis - Organic heart disease about 1 year

How long

Immediate

(Anasarca) (Heart failure) Short time

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

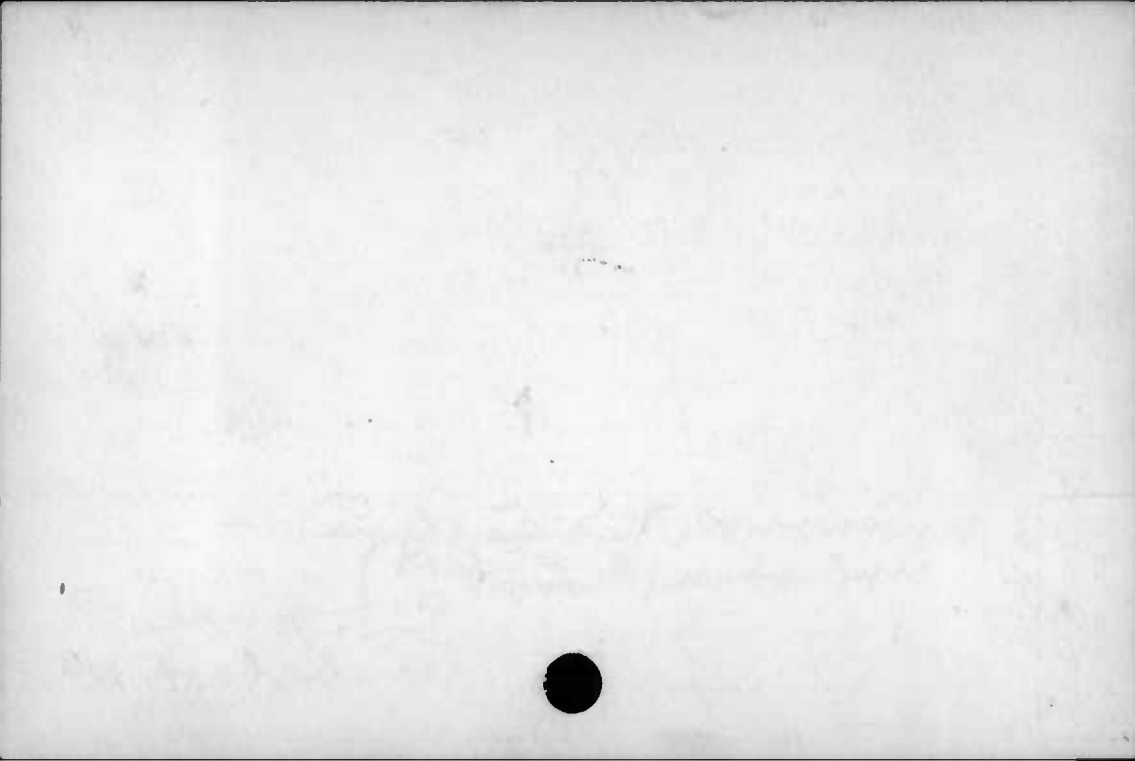
Signature of
Physician

Address

J. H. Dine

Cincinnati, Ohio

Accident or Suicide?



Name
in
Full

Mary Elley Carleton

CERTIFICATE OF DEATH

Died *Cumberland* County *MARYLAND*

Date of death 1908 *7* Month *12* Day *61* Age *3* Months *0* Days

Sex *Female* Color or Race *White* Birth place *Frederick Co.*

Occupation *Housekeeper* Where Residing *3 Miss Esch of Cumberland*

Married, Single or Widowed *Married* Name of Wife or Husband *Henry D Carleton*

Father's Name *Nicholas Boocher* Father's Birthplace *Frederick Co*

Mother's Maiden Name *Mary Elley Boocher* Mother's Birthplace *" "*

Name of person giving information *Hopewell Hobbs Carleton* How related to deceased *Sister*

CAUSES OF DEATH

64

Primary *Arteriosclerosis* How long *(?) years*

Immediate *Cerebral Hemorrhage* How long *36 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *James J. Johnson, M.D.*

Address *Cumberland Md*

Accident or Suicide? *9*

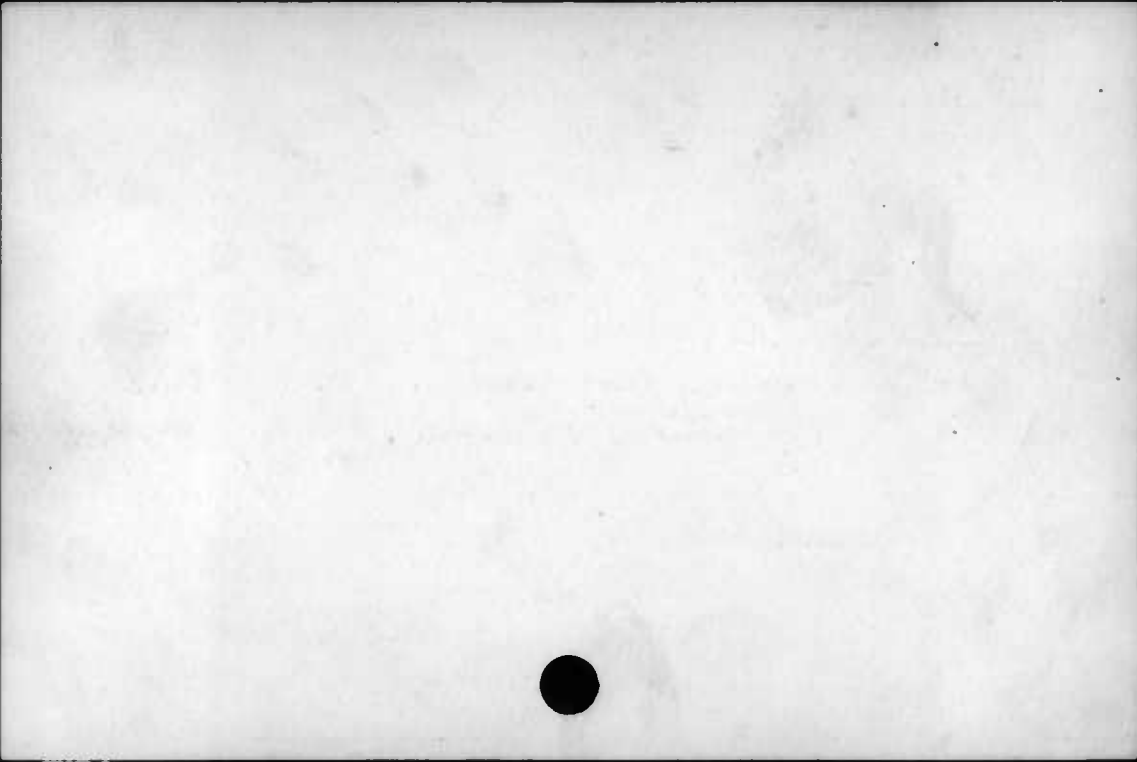
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Box 2-182

Dr. Johnston

| Name in Full | | CERTIFICATE OF DEATH | | | |
|---|---|----------------------------|----------------------------------|---|--|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Cumberland</i> Town | | <i>alligany</i> County | | MARYLAND |
| | Date of death <i>1908</i> | Month <i>7</i> | Day <i>22</i> | Age <i>-</i> | Years <i>-</i> Months <i>-</i> Days <i>-</i> |
| | Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Cumberland</i> | |
| | Occupation <i>-</i> | | | Where Residing if not at place of death <i>Cumberland</i> | |
| | Married, Single or Widowed <i>-</i> | | Name of Wife or Husband <i>-</i> | | |
| | Father's Name <i>Raymond Cossna</i> | | | Father's Birthplace <i>Pa</i> | |
| | Mother's Maiden Name <i>Carra Handsoet</i> | | | Mother's Birthplace <i>Mid</i> | |
| Name of person giving information <i>Harvard Handsoet</i> | How related to deceased <i>Grand father</i> | | | | |
| | | | | | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | Primary <i>Natural birth</i> | | | How long <i>-</i> | |
| | Immediate <i>-</i> | | | How long <i>-</i> | |
| | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | | Signature of Physician <i>H. W. Miley</i> | |
| | Accident or Suicide? <i>-</i> | | | Address <i>Cumberland Md</i> | |



Name
in
Full

Beatrice Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

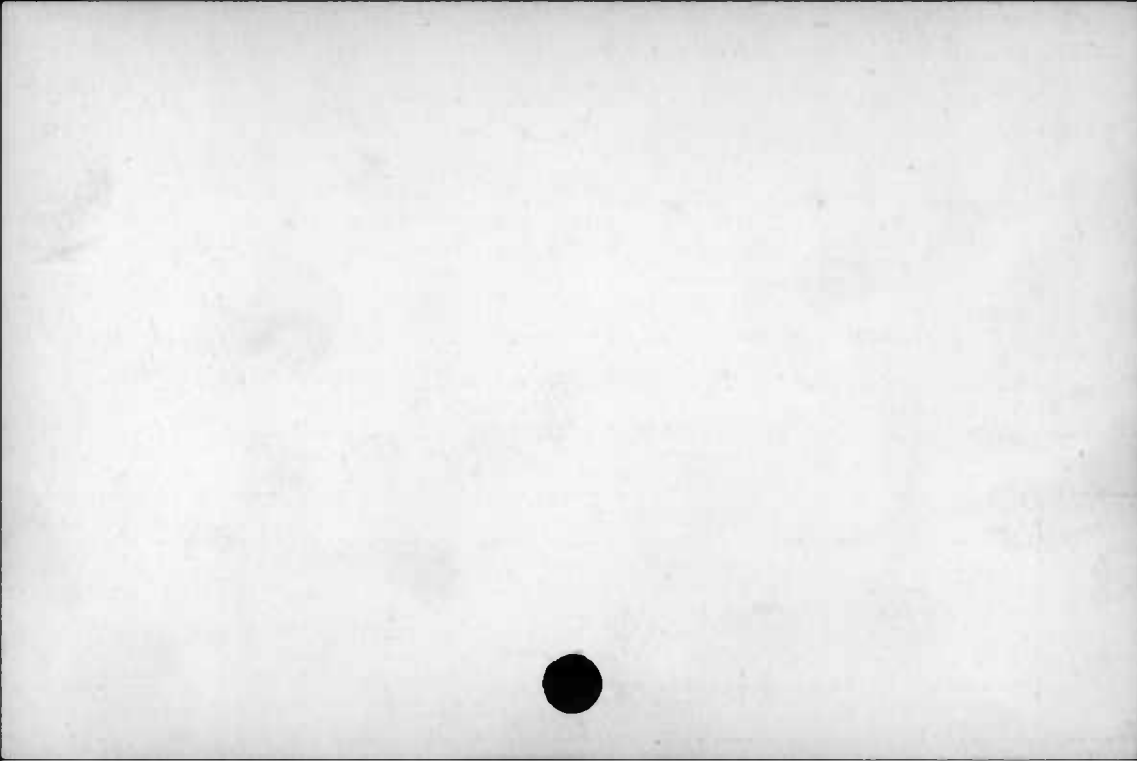
| | | | | | | | |
|------------------------------------|--------------|----------------------------|---|----------|-------------------------|-------------|------------|
| Died at ^{Town} Cumberland | | ^{County} Allegany | | MARYLAND | | | |
| Date of death | 1908 | Month | July | Day | 11 | | |
| Age | Years | | 3 | | Months | 16 | |
| Sex | Female | | Color or Race | White | | Birth-place | Cumberland |
| Occupation | - | | Where Residing if not at place of death - | | | | |
| Married, Single or Widowed | - | | Name of Wife or Husband - | | | | |
| Father's Name | David Cooper | | | | Father's Birthplace | W. Va | |
| Mother's Maiden Name | Mamie Rhoden | | | | Mother's Birthplace | Cummd | |
| Name of person giving information | Mamie Cooper | | | | How related to deceased | Mother | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | | | |
|--|-------------|------------------------|----------------|
| Primary | Ills. Colic | How long | 1 week |
| Immediate | Exhaustion | How long | day |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | A. L. Lyphlin, |
| | Steen | Address | Cumberland, Md |
| Accident or Suicide? | - | | |



Name
in
Full

Margrette Bosgrove

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

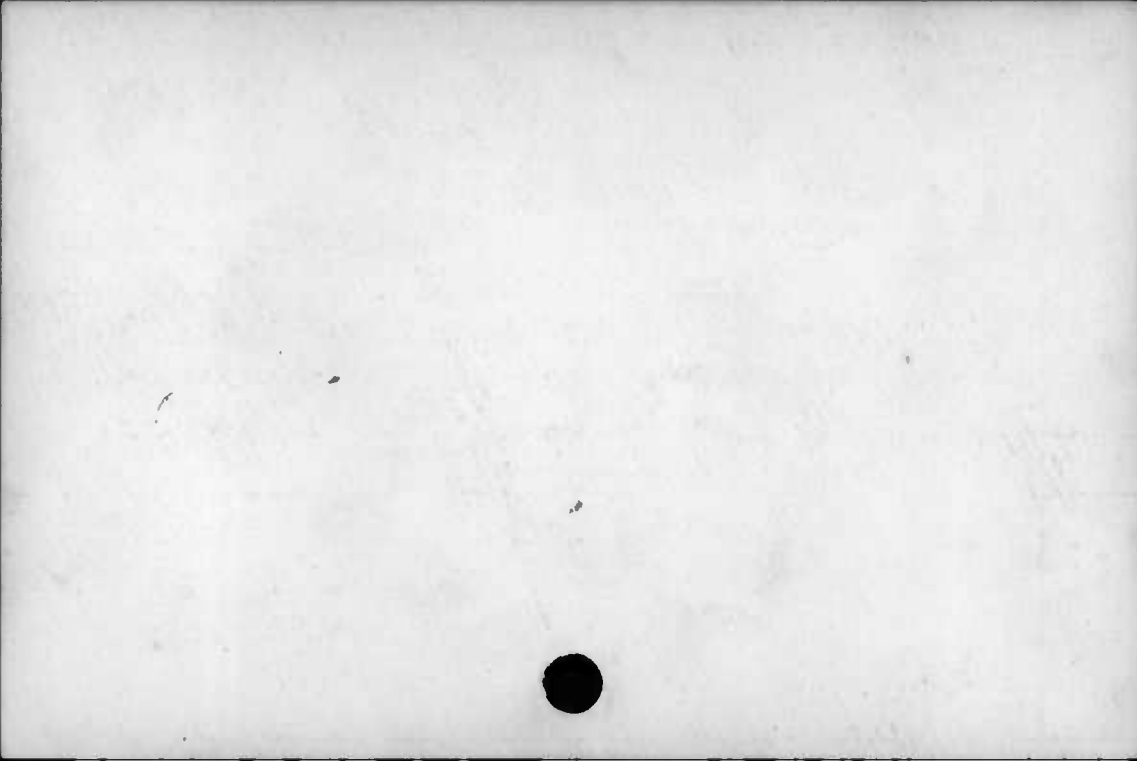
| | | | | | | | |
|-----------------------------------|--------------------|------------|-------------------------|---|----------|-------------|---------|
| Died at | | Cumberland | | County Alleg | | MARYLAND | |
| Date of death | 1908 | Month | July | Day | 12 | Age | 83 |
| Sex | Female | | Color or Race | White | | Birth place | Ireland |
| Occupation | Retired Homekeeper | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Widow | | Name of Wife or Husband | John Bosgrove | | | |
| Father's Name | Michael Carney | | | Father's Birthplace | Ireland | | |
| Mother's Maiden Name | Jane Kersney | | | Mother's Birthplace | Ireland | | |
| Name of person giving information | Mrs Thomas Keane | | | How related to deceased | Daughter | | |

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------|------------------------|----------------|
| Primary | Senility | How long | 83 yrs |
| Immediate | Dysentery | How long | 1 week |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | A. L. Franklin |
| Address | F. C. Kirkland, Md. | | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

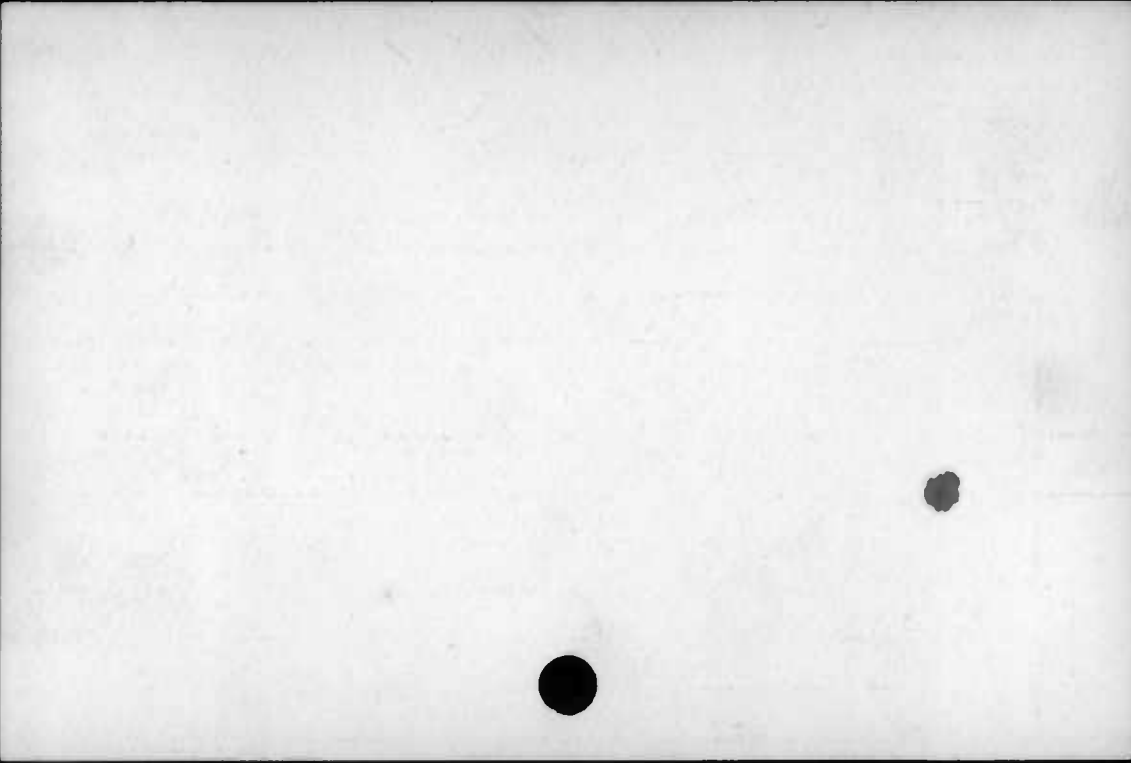
| | | | | | | | |
|---|--|---|--|----------------------------------|--|--------------------|--|
| Name in Full <i>Edward H. Cothren</i> | | Town <i>Cumberland Md</i> | | County <i>Alleghany</i> | | MARYLAND | |
| Died at <i>Cumberland Md</i> | | Date of death 190 <i>2</i> <i>July</i> | | Age <i>16</i> | | Months <i>4</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Cumberland</i> | | | |
| Occupation <i>Infant</i> | | Where Residing if not at place of death <i>—</i> | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>None</i> | | | | | |
| Father's Name <i>William Cothren</i> | | Father's Birthplace <i>Washgto co W Va</i> | | | | | |
| Mother's Maiden Name <i>Rosa Stinbaugh</i> | | Mother's Birthplace <i>W Va</i> | | | | | |
| Name of person giving information <i>William Cothren</i> | | How related to deceased <i>Father</i> | | | | | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Enterocolitis</i> | How long <i>14 days</i> |
| Immediate <i>Meningitis</i> | How long <i>2 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>E. S. Duke</i> |
| | Address <i>Cumberland Md</i> |
| Accident or Suicide? <i>—</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Francis Coyle Dickey
Frostburg Allegany County

MARYLAND

Date

of death 1908

Month

7

Day

3

Age

Years

1

Months

7

Days

Sex

Male

Color or
Race

White

Birth-
place

U. S.

Occupation

—

Where Residing if not
at place of death

Home care home rights

Married, Single
or Widowed

+

Name of Wife or
Husband

+

Father's
Name

Francis N. Dickey

Father's
Birthplace

U. S.

Mother's
Maiden Name

Minnie Baker

Mother's
Birthplace

U. S.

Name of person giving
In formation

Francis N. Dickey

How related
to deceased

Father

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary

Tubercular meningitis

How long

One week

Immediate

Coma

How long

One week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Roxeott D. Maoney

Address

Frostburg, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Amos Davis

Died at *Spring Bay*

County *Allegany*

MARYLAND

Date of death *1908 July 18*

Age *72*

Months *-*

Days *-*

Sex *male*

Color or Race *white*

Birth-place *md*

Occupation *Farmer*

Where Residing if not at place of death *-*

Married, Single or Widowed *married*

Name of Wife or Husband *Sarah E Davis*

Father's Name *John Davis*

Father's Birthplace *md*

Mother's Maiden Name *Mary Deckins*

Mother's Birthplace *Pa*

Name of person giving information *Sarah E Davis*

How related to deceased *Wife*

CAUSES OF DEATH

64

Primary *Apoplexy*

How long *2 weeks*

Immediate *Exhaustion*

How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. J. Twigg*

Address *Cumberland*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Oliver Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

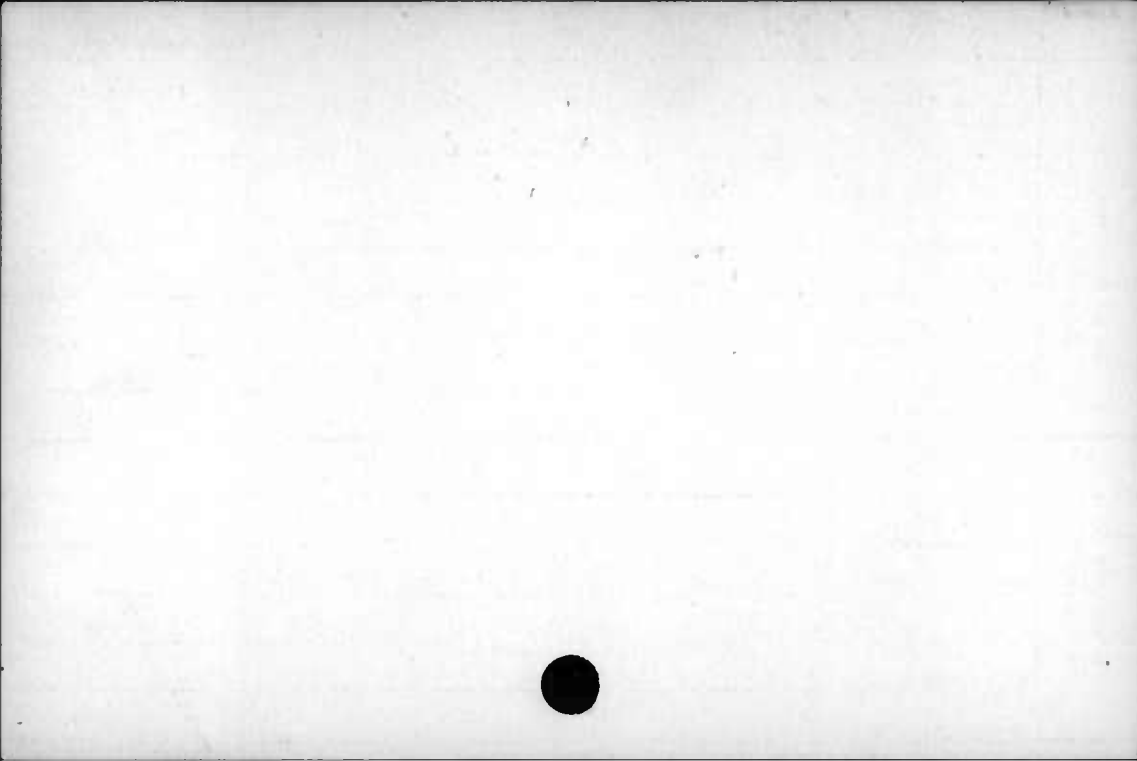
| | | | | | |
|--|----------------------------------|--|--|--------------------------------|------------------------------|
| Died at <i>Midland</i> <small>Town</small> | | <i>Allegheny</i> <small>County</small> | | MARYLAND | |
| Date of death <i>1908</i> | <i>July</i> <small>Month</small> | <i>21</i> <small>Day</small> | Age <i>—</i> <small>Years</small> | <i>6</i> <small>Months</small> | <i>6</i> <small>Days</small> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Midland</i> | | |
| Occupation <i>—</i> | | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>Infant</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>Elijah H Davis</i> | | | Father's Birthplace <i>Unknown</i> | | |
| Mother's Maiden Name <i>Hannah D Boor</i> | | | Mother's Birthplace <i>Vale Summit</i> | | |
| Name of person giving information <i>E H Davis</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | | | |
|--|--|------------------------|---------------|
| Primary | <i>Indigestion - Cholery Infaction</i> | How long | <i>4 days</i> |
| Immediate | <i>Memingitis with Cholery Inf</i> | How long | <i>1 day</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <i>Yes</i> | | <i>Al Smith</i> | |
| | | Address | |
| | | <i>Midland</i> | |
| Accident or Suicide? | | <i>Ind</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

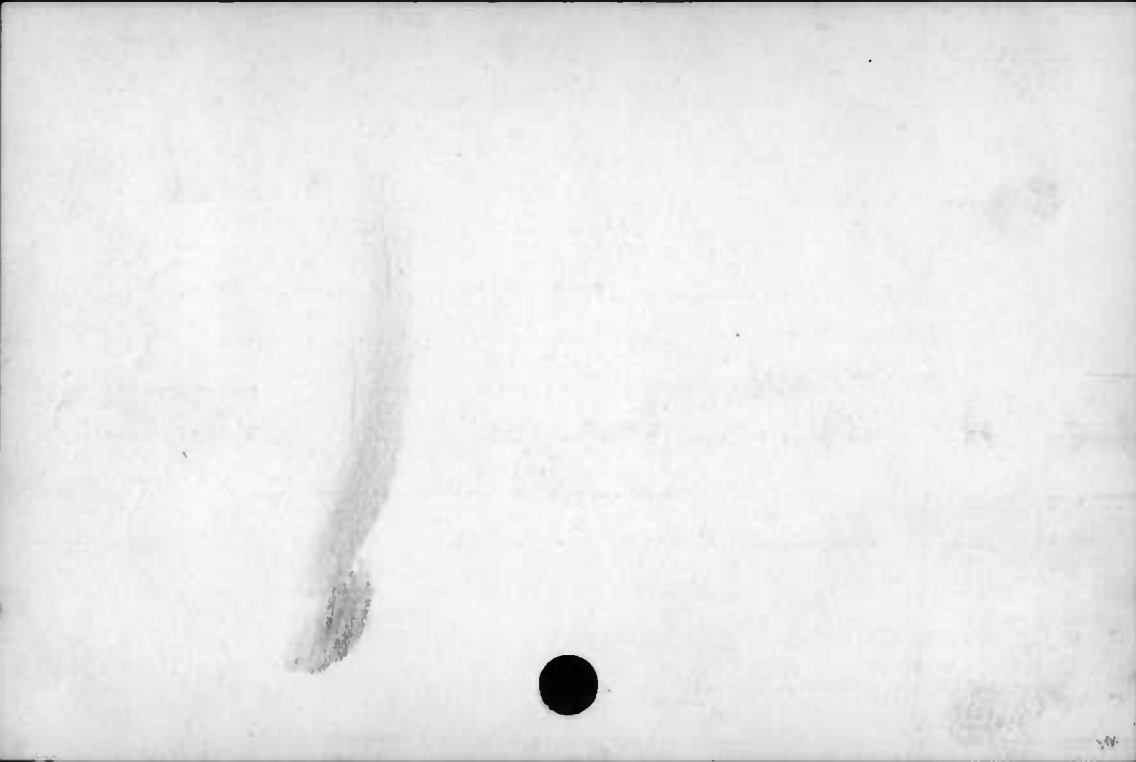
| | | | | | | | |
|---|--|--|--|-------------------------------------|--|----------------------------------|--|
| Died at <i>Crumk &</i> | | Town <i>Allegany</i> | | County | | MARYLAND | |
| Date of death <i>1908</i> | | Month <i>July</i> | | Day <i>17</i> | | Years <i>38</i> | |
| Sex <i>male</i> | | Color or Race <i>White</i> | | Birth-place <i>Italy</i> | | Months | |
| Occupation <i>Labour</i> | | Where Residing if not at place of death <i>53 Potomac St</i> | | Days | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Pasquicia</i> | | Father's Birthplace <i>Italy</i> | | Mother's Birthplace <i>Italy</i> | |
| Father's Name <i>Giovanni D'ovogilo</i> | | Mother's Maiden Name <i>Pasquaccia Aquila</i> | | How related to deceased <i>none</i> | | | |
| Name of person giving information <i>Frank Caprelli</i> | | | | | | | |

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

| | | | |
|---|--|--|--|
| Primary <i>Rail Road accident</i> | | How long <i>How long</i> | |
| Immediate <i>Exhausted from shock</i> | | How long <i>Short time</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>G. H. Maib</i> | |
| Accident or <i>Accident</i> | | Address <i>Cumberland Md</i> | |



Name
in
Full

CERTIFICATE OF DEATH

Laura Emma Dodson

Died at Cumberland Town County Alleg

MARYLAND

Date of death 1908 July 12 Age 55 Months 1 Days -

Sex Female Color or Race White Birth-place Md

Occupation Housewife Where Residing if not at place of death -

Married, Single or Widowed Married Name of Wife or Husband Charles W Dodson

Father's Name James C Cordry Father's Birthplace Delaware

Mother's Maiden Name Sallie Hayman Mother's Birthplace Md

Name of person giving information Chas. W. Dodson How related to deceased Husband

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long 2 yrs

Immediate Exhaustion How long -

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Accident or Suicide?

Wm Gary Parker Martins
Henry Ohn
Walter Henry Dodson
Cornellville

Mrs Walter Shyrin -
" John Dougherty -
Mrs Almada Dodson
all of City

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|------------------------|---------------------------------------|-----------------------|--------|
| Died at <i>Lanacoming</i> | | County <i>Alligany</i> | | State <i>MARYLAND</i> | |
| Date of death <i>1908</i> | Month <i>July</i> | Day <i>9</i> | Age <i>32</i> | Years | Months |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Lanacoming</i> | | |
| Occupation <i>Miner</i> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Maudie Wilson</i> | | | | |
| Father's Name <i>Ezekiel Duckworth</i> | Father's Birthplace <i>Lanacoming</i> | | Mother's Birthplace <i>Lanacoming</i> | | |
| Mother's Maiden Name <i>Margaret Stewart</i> | How related to deceased <i>Father</i> | | | | |
| Name of person giving information <i>Ezekiel Duckworth</i> | | | | | |

Crushed between ore in mine

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Compound fracture of femur</i> | How long <i>Suddenly</i> |
| Immediate <i>Hemorrhage & shock</i> | How long <i>About 3 hrs.</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>W. B. Skilling</i> |
| Address <i>Lanacoming</i> | |
| Accident suicide <i>Accident.</i> | <i>(over)</i> |

Man was crushed between cars in the mine. Iron rail penetrated thigh, crushing the bone and rupturing the femoral vein. Death was due to hemorrhage and shock.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles Frederick Filer* Town *Carle* County *Allegheny* MARYLAND

Died at *Carle*

Date of death 190*8* Month *7* Day *17* Age *—* Years Months Days *14*

Sex *Male* Color or Race *White* Birth-place *Carle*

Married, Single or Widowed *Single* Occupation *md*

Name of Wife or Husband *—*

Father's Name *John Files* Father's Birthplace *Blaw Over*

Mother's Maiden Name *Ellen May Witchel* Mother's Birthplace *Peaker*

Name of person giving information *Father John Files* How related to deceased *Father*

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

How long

Immediate

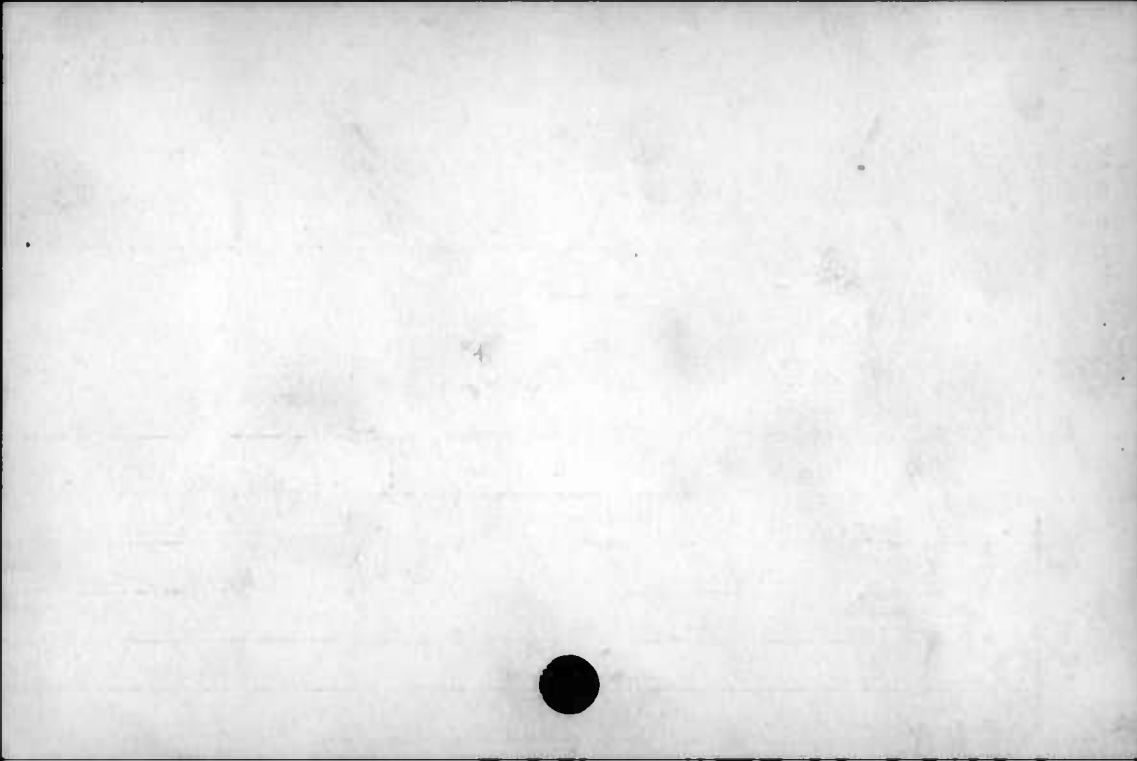
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

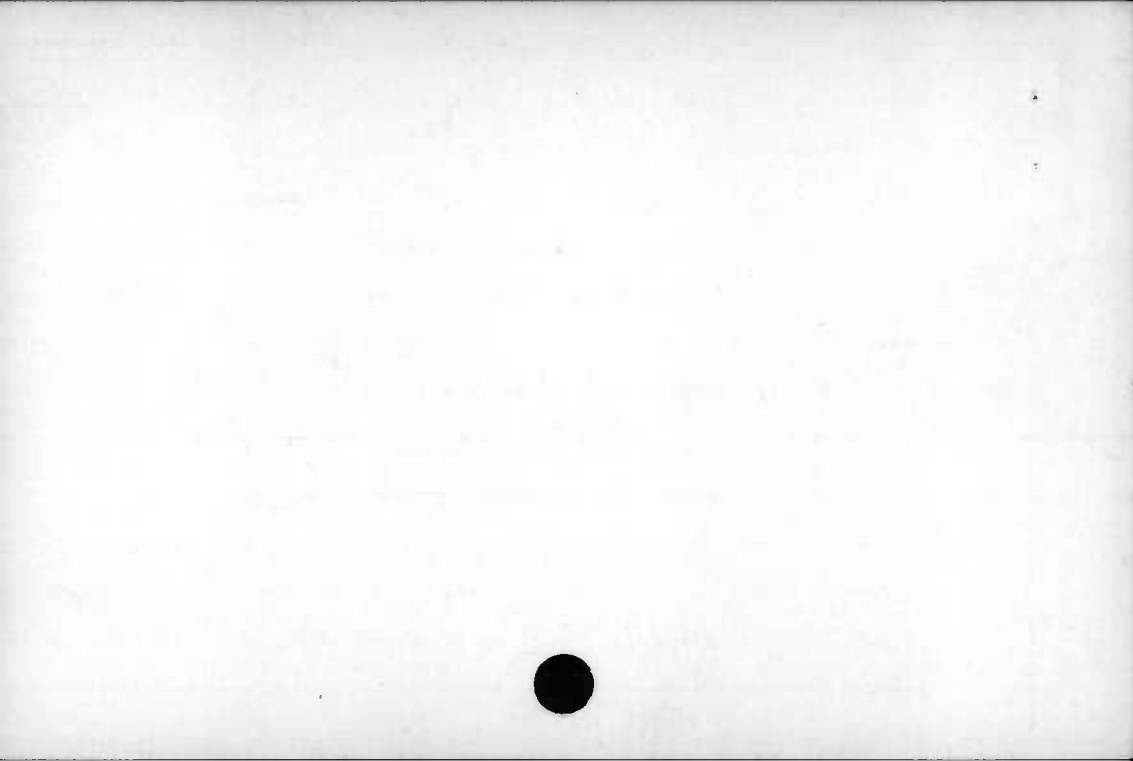
| | | | | | |
|---|--|---------------------------------------|--|----------------|-----------------|
| Died at <u>Cumberland</u> ^{Town} | | <u>Alleghany</u> ^{County} | | MARYLAND | |
| Date of death <u>1908</u> | Month <u>July</u> | Day <u>22</u> | Age <u>0</u> | Years <u>0</u> | Months <u>0</u> |
| Sex <u>Male</u> | Color or Race <u>White</u> | Birth-place <u>Cumberland Md</u> | | | |
| Occupation <u>Infant</u> | | | Where Residing if not at place of death <u>—</u> | | |
| Married, Single or Widowed <u>Single</u> | Name of Wife or Husband <u>Jane</u> | | | | |
| Father's Name <u>Chas. E. Fisher</u> | Father's Birthplace <u>Cumberland Md</u> | | | | |
| Mother's Maiden Name <u>Kate Zaff</u> | Mother's Birthplace <u>Cumberland Md</u> | | | | |
| Name of person giving information <u>Chas E. Fisher</u> | | How related to deceased <u>Father</u> | | | |

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>Seven months' gestation</u> | How long <u>Several hours</u> |
| Immediate <u>unknown</u> | How long <u>unknown</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>E. J. Duke</u> |
| | Address <u>Cumberland Md</u> |
| Accident or Coincidence <u>—</u> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cumberland County Alleghany

Date of death 1908 July Month 13 Day Age 95 Years Months — Days —

Sex m Color or Race Irish Birthplace Ireland

Occupation (Hm) Laborer Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband Mary Ann Gibson

Father's Name Unknown Father's Birthplace Ireland

Mother's Maiden Name Mary Mc'Carthy Mother's Birthplace " " "

Name of person giving information Mrs. Clark How related to deceased Daughter

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary Senility How long —
Immediate Fractured hip How long 4 days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician A. L. Shanks

Address Cumberland

Accident or Suicide? —

Frank Lee

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Mary Gatehouse* Town *Emm* County *Alle*

Died at *Emm*

Date of death *1908* Month *July* Day *28* Age *1* Years *1* Months *4* Days

Sex *Female* Color or Race *White* Birth-place *Ma*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Elias Gatehouse* Father's Birthplace *Ma*

Mother's Maiden Name *Anna Bradley* Mother's Birthplace

Name of person giving information *Elias Gatehouse* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Eut. no Colitis* How long *24 hours*

Immediate *Chancrion* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Thos. A. Foster* Address *Frederick Md*

Accident or Suicide? *Fracture*

67 Phila

Geo. L. Carder, M.D.,
Secretary Board of Health

Geo. L. Carder, M.D.,
Secretary Board of Health

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Paulah Denton Green
Town Frostburg County AllyDied at
Date of death 1908 July 17 Age 29 Years Months Days

Sex Female Color or Race White Birth-place Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Charles Green

Father's Name Jacob Kellar Father's Birthplace U.S.

Mother's Maiden Name Amanda E. Chapman Mother's Birthplace U.S.

Name of person giving information Husband Chas. Green How related to deceased Husband

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long Several years

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. L. Conroy
Frostburg Md.

Accident or Suicide?

J. Hafer.

Ally. Cern.

Town

Name
in
Full

infant Grimm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

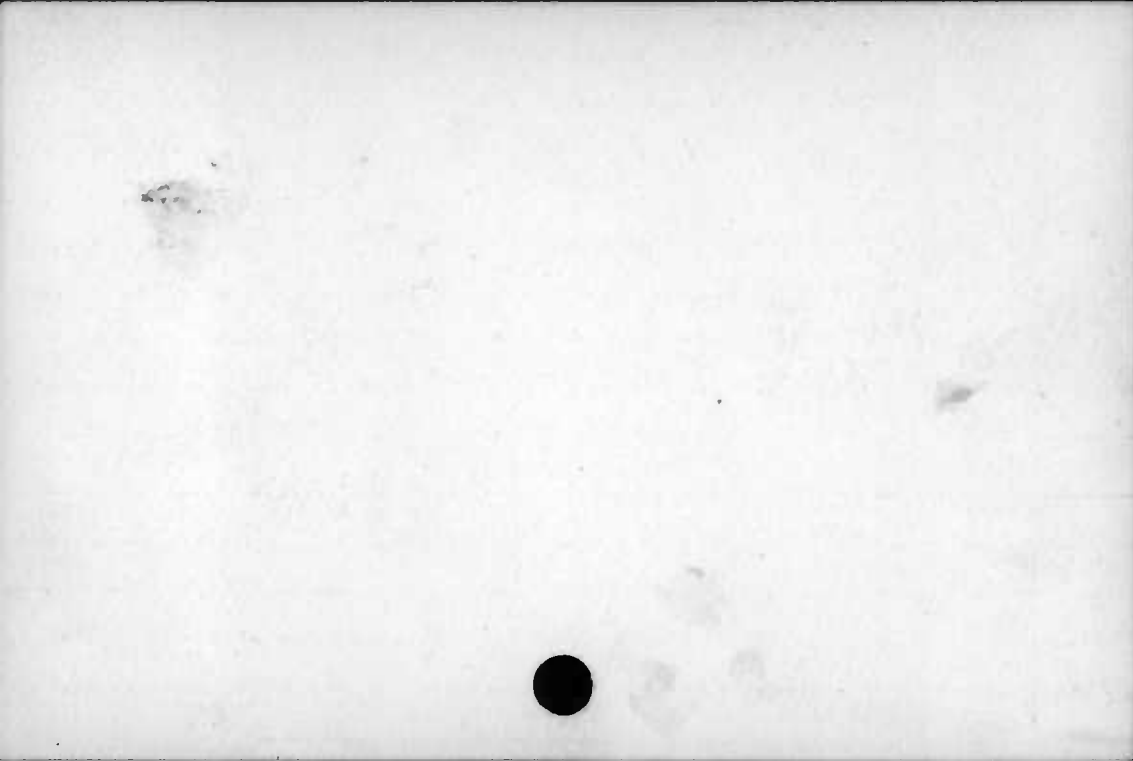
| | | | | | | | |
|---|--|--|-----------|---------------------------|------------|-------------|-----------------|
| Died at | | Town Cumberland | | County Allegheny | | MARYLAND | |
| Date of death | | Month July | Day 18 | Age — | Years — | Months — | Days one (1) |
| Sex male | | Color or Race White | | Birth-place Cumberland | | | |
| Occupation none | | Where Residing if not at place of death — | | | | | |
| Married, Single or Widowed Single | | Name of Wife or Husband — | | | | | |
| Father's Name Walter Grimm | | Father's Birthplace K. Va | | | | | |
| Mother's Maiden Name Arling Bonaway | | Mother's Birthplace K. Va | | | | | |
| Name of person giving information Walter Grimm | | How related to deceased Father | | | | | |

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

| | | | | |
|--|--------------------|--------------------------|----------|----------|
| Primary | Protracted Labor | | How long | 3 days |
| Immediate | Difficult Delivery | | How long | 10 hours |
| Are the name, age, sex, color, date and place correctly given above? | | ye. | | |
| Signature of Physician J. H. Lewis | | Address Cumberland Md | | |
| Accident or Suicide? | | | | |



Name
in
Full

Balem C. Hausel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

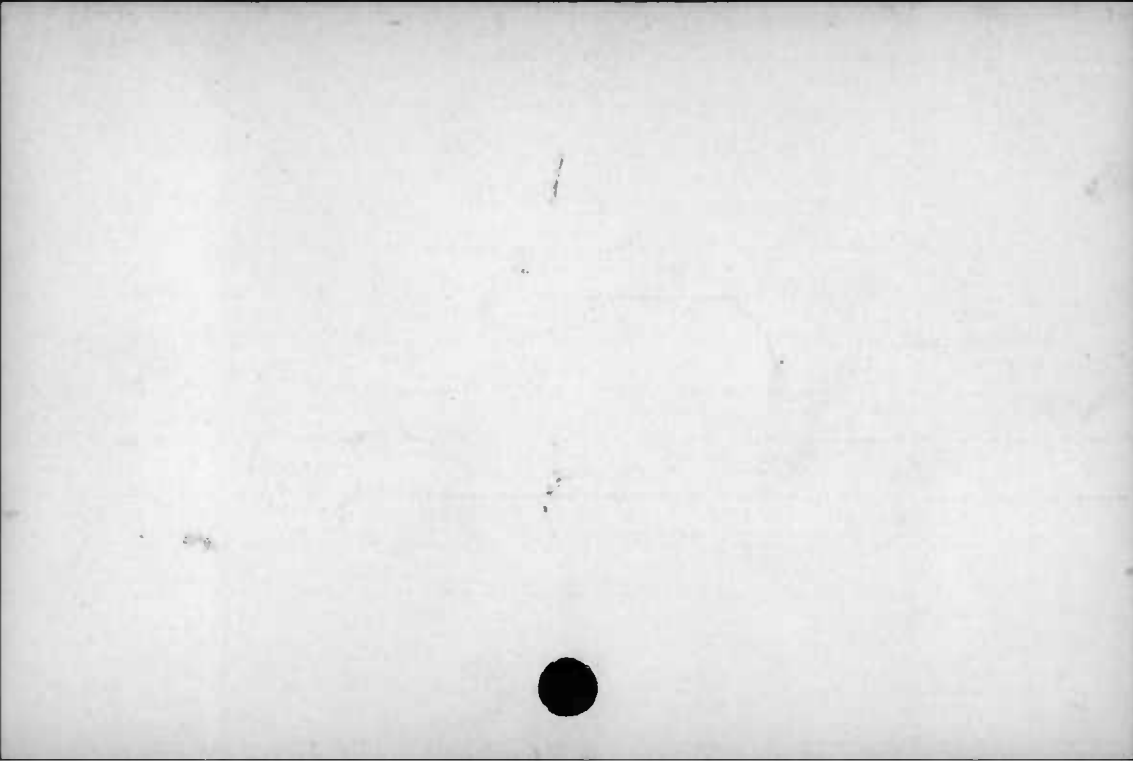
| | | | | | | | |
|---------------------------------------|-------------------|-------------------|--|--|--------------------------------------|-----------------|------------|
| Died at | | Town Frostburg | | County Allegany | | MARYLAND | |
| Date of death | 1908 | Month July | Day 17 | Age 37 | Years | Months 4 | Days 14 |
| Sex | Male | | Color or Race | White | | Birth- place | Maryland |
| Occupation | Teamster | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Married | | Name of Wife or Husband Jennie Keedy | | | | |
| Father's Name | George Hausel | | | | Father's Birthplace Maryland | | |
| Mother's Maiden Name | Hester Humbirdson | | | | Mother's Birthplace Maryland | | |
| Name of person giving In formation | Lily Layman | | | | How related to deceased Sister | | |

CAUSES OF DEATH

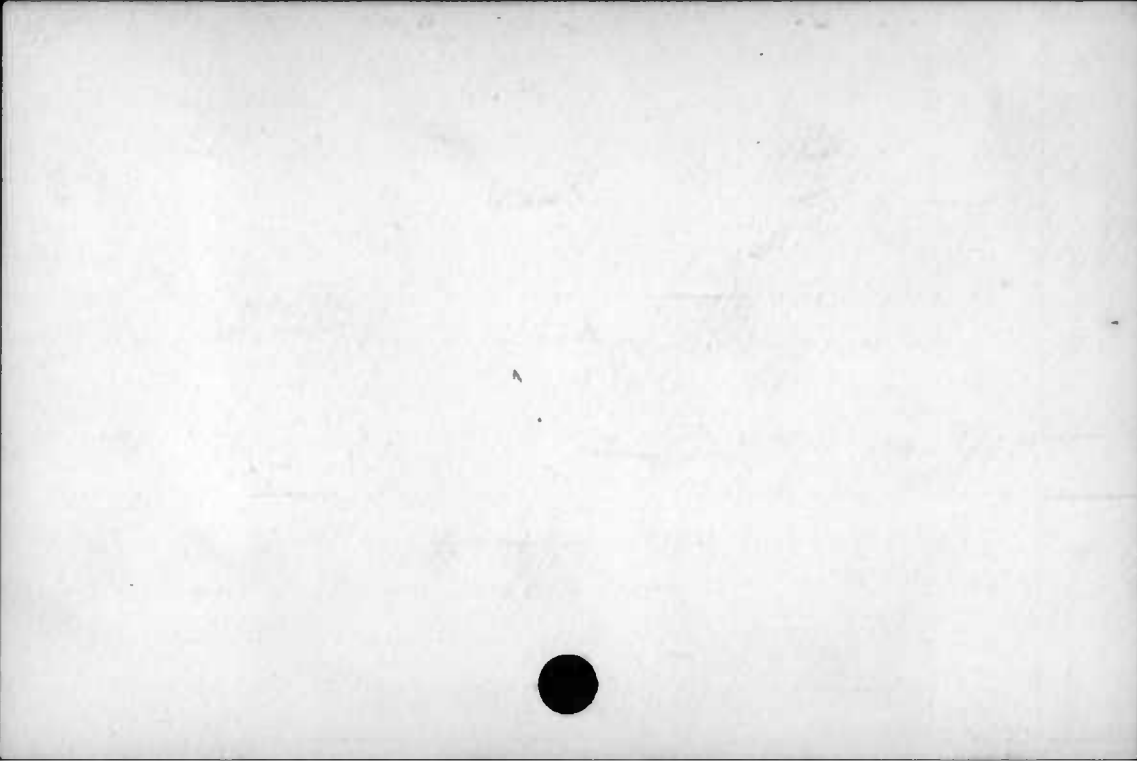
79

PHYSICIAN
OR CORONER

| | | | | |
|---|----------------|-----------------------------|----------|-----------------|
| Primary | Cardiac Asthma | | How long | Since childhood |
| Immediate | Dropsey | | How long | 2 months. |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | | |
| Signature of Physician | | Dr. A. R. Walker. | | |
| Address | | # 23 Broadway Frostburg. | | |
| Accident or Suicide? <input type="checkbox"/> | | | | |



| Name in Full | | Town | | | | County | | CERTIFICATE OF DEATH | | | | | |
|-------------------------------------|--|--|--|---|---|---|----|----------------------|---|-------------|---|---------------|---|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Cumberland | | Allegany | | MARYLAND | | | | | |
| | | Date of death | | 190 | 5 | July | 20 | Age | 5 | Months | — | Days | — |
| | | Sex | | Female | | Color or Race | | White | | Birthplace | | Grahamtown Md | |
| | | Occupation | | | | Where Residing if not at place of death | | Lora | | Md | | | |
| | | Married, Single or Widowed | | Single | | Name of Wife or Husband | | None | | | | | |
| | | Father's Name | | Alfred Hawkins | | Father's Birthplace | | Grahamtown Md | | | | | |
| Mother's Maiden Name | | Clara Grove | | Mother's Birthplace | | Frostburg Md | | | | | | | |
| Name of person giving information | | Alfred Hawkins | | How related to deceased | | Father | | | | | | | |
| | | CAUSES OF DEATH | | | | 102 | | | | | | | |
| PHYSICIAN OR CORONER | | Primary | | Structure of Esophagus due to swelling by | | | | How long | | 32 years | | | |
| | | Immediate | | Post operative Shock | | | | How long | | a few hours | | | |
| | | Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | E. B. Claybrook M.D. | | | | | |
| | | Address | | Crummeland | | | | | | | | | |
| Accident or Suicide? | | Accident | | | | | | | | | | | |



Name
in
Full

William Jobson

CERTIFICATE OF DEATH

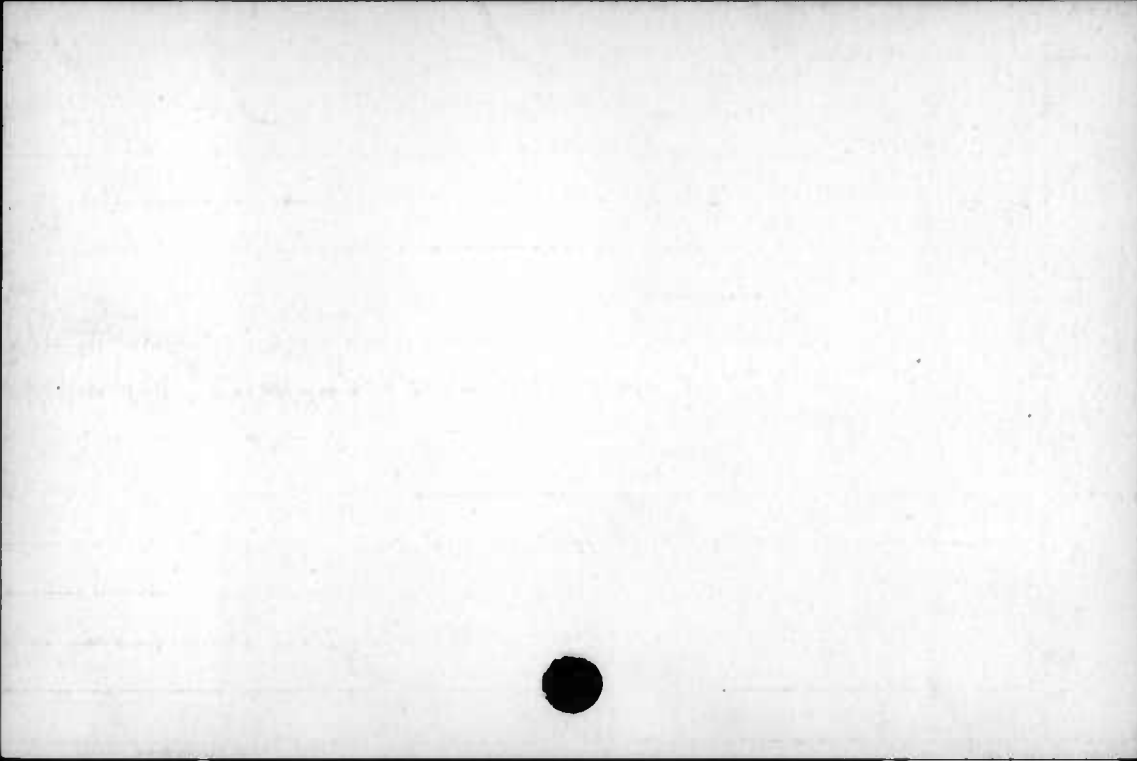
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---------------|-------------------------|---|----------|------|
| Died at <u>Barton</u> Town | | <u>Alleganey</u> County | | MARYLAND | |
| Date of death | Month | Day | Years | Months | Days |
| 1908 | July | 24 | 1 | 11 | 15 |
| Sex | Color or Race | | Birth-place | | |
| Male | White | | Barton Md. | | |
| Occupation | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name | | | Father's Birthplace | | |
| Wm Davidson Jobson | | | England | | |
| Mother's Maiden Name | | | Mother's Birthplace | | |
| E Esther Charlot | | | Barton | | |
| Name of person giving information | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------------|------------------------|-----------------|
| Primary | <u>Acute Indigestion</u> | How long | <u>12 hours</u> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | <u>Wm C. Lamm M.D.</u> | |
| | | Address | |
| | | <u>Barton Md.</u> | |
| Accident or Suicide? | | | |



Name
in
Full

William Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

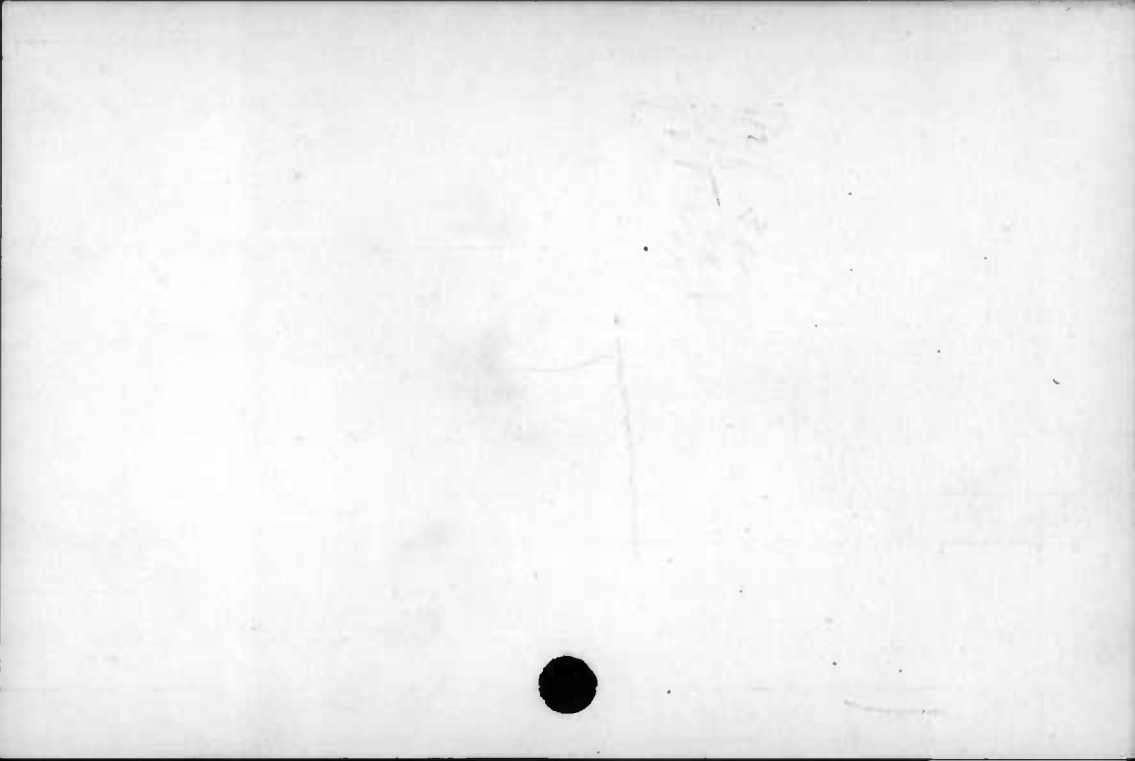
| | | | | | |
|---|--------------------------|--|-----------------------|-------------------------|----------------|
| Died at <u>Lonsomping</u> ^{Town} | | <u>Alligany</u> ^{County} | | MARYLAND | |
| Date of death | <u>1908</u> | Month | <u>July</u> | Day | <u>21</u> |
| Age | <u>70</u> | Years | <u>70</u> | Months | <u>—</u> |
| Sex | <u>Male</u> | Color or Race | <u>White</u> | Birth-place | <u>England</u> |
| Occupation | <u>Miner</u> | Where Residing if not at place of death <u>—</u> | | | |
| Married, Single or Widowed | <u>Married</u> | Name of Wife or Husband | <u>Rebecca Buddle</u> | | |
| Father's Name | <u>Joseph Jones</u> | | | Father's Birthplace | <u>England</u> |
| Mother's Maiden Name | <u>Elizabeth Duchoen</u> | | | Mother's Birthplace | <u>England</u> |
| Name of person giving information | <u>Ans. Wm Jones</u> | | | How related to deceased | <u>Wife</u> |

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------|------------------------|----------------------------|
| Primary | <u>Bronchial Asthma</u> | How long | <u>One year</u> |
| Immediate | <u>Endocarditis</u> | How long | <u>2 months</u> |
| Are the name, age, sex, color, date and place correctly given above? | <u>yes</u> | Signature of Physician | <u>W. B. Skilling M.D.</u> |
| | | Address | <u>Lonsomping</u> |
| Accident or Suicide? | <u>yes</u> | | |



Name

in Full

Katherine B. Keane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|--|--|------------------------------------|--|
| Died at <u>Cumtland</u> | | Town <u>Allegany</u> | | County | | MARYLAND | |
| Date of death <u>1908</u> | | Month <u>7</u> | | Day <u>8</u> | | Age <u>60 yrs</u> | |
| Sex <u>Female</u> | | Color or Race <u>White</u> | | Birthplace <u>Cumtland</u> | | Months <u>0</u> | |
| Occupation <u>House Keeper</u> | | Where Residing if not at place of death <u>Cumtland Md.</u> | | Name of Wife or <u>Single</u> | | Name of Husband <u>John Keane</u> | |
| Father's Name <u>John Keane</u> | | Father's Birthplace <u>Ireland</u> | | Mother's Maiden Name <u>Deborah O'Neil</u> | | Mother's Birthplace <u>Ireland</u> | |
| Name of person giving information <u>Mary Keane</u> | | How related to deceased <u>Sister</u> | | Where born <u>Ireland</u> | | How long in Maryland <u>34</u> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-----------------------------|--|----------------|
| Primary | <u>General Tuberculosis</u> | How long | <u>Unknown</u> |
| Immediate | <u>Exhaustion</u> | How long | <u>3 days</u> |
| Are the name, age, sex, color, date, and place correctly given above? <u>yes</u> | | Signature of Physician <u>A. Leo Lanklin</u> | |
| Address <u>Cumtland, Md.</u> | | Address <u>Cumtland, Md.</u> | |
| Accident or Suicide? <u>No</u> | | Signature <u>MS</u> | |

The Graces Lane

~~65201-11~~

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|----------------------------|--|--------------------|--|
| Name in Full Rebecca R Kelley | | Town Keokuk Cumberland | | County Allegheny | | MARYLAND | |
| Died at Keokuk Cumberland | | Month July | | Day 20 | | Years 75 | |
| Date of death 1908 | | Month July | | Day 20 | | Years 75 | |
| Sex Female | | Color or Race White | | Birth-place MD | | Months 5 | |
| Occupation retired house keeper | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed Widow | | Name of Wife Husband Jacob Kelley | | | | | |
| Father's Name John Long | | Father's Birthplace Pa | | | | | |
| Mother's Maiden Name Lucy Damm | | Mother's Birthplace Va | | | | | |
| Name of person giving information John L Kelley | | How related to deceased Son | | | | | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary Chronic Nephritis | How long About 2 or 3 months |
| Immediate Exhaustion | How long About 2 or 3 months |
| Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician J. J. J. J. J. |
| Yes | Address Cumberland Md |
| Accident or Suicide? | |

Her Daughter Robert Adams

17

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

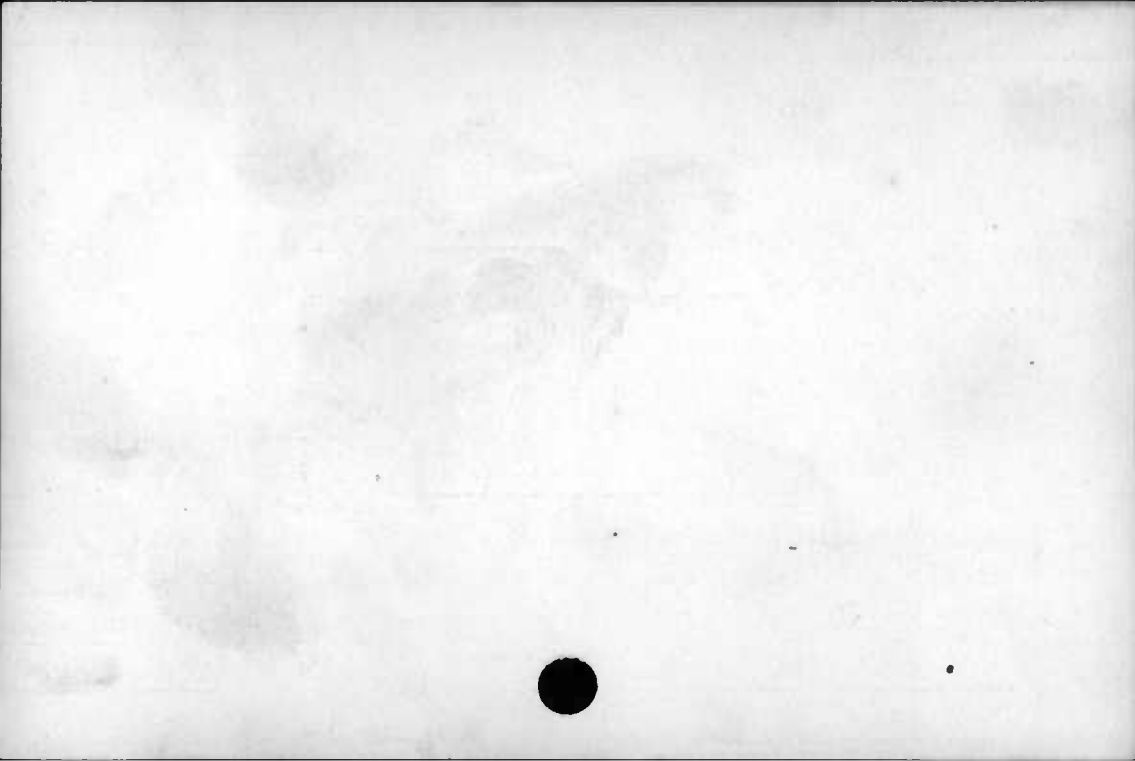
| | | | | | |
|---|-------------------------|-------------------------|-------------------|-------------------------|-----------------|
| Died at <i>Pekin</i> Town | | <i>Allegany</i> County | | MARYLAND | |
| Date of death | <i>1908</i> | Month | <i>July</i> | Day | <i>10</i> |
| Age | <i>46</i> | Years | | Months | |
| Sex | <i>Male</i> | Color or Race | <i>White</i> | Birth-place | <i>Scotland</i> |
| Occupation | <i>Miner</i> | | | | |
| Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | <i>Married</i> | Name of Wife or Husband | <i>Corra Love</i> | | |
| Father's Name | <i>Robert Fiddy</i> | | | Father's Birthplace | <i>Scotland</i> |
| Mother's Maiden Name | <i>Margaret Russell</i> | | | Mother's Birthplace | <i>Scotland</i> |
| Name of person giving information | <i>John Fiddy</i> | | | How related to deceased | <i>Brother</i> |

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------------------------|------------------------|-----------------------|
| Primary | <i>Chronic interstitial pneumonia</i> | How long | <i>13 years</i> |
| Immediate | <i>Abscess of lung</i> | How long | <i>10 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>J. B. Skilling</i> |
| | | Address | <i>Lozano, W. Va.</i> |
| Accident or Suicide? | <i>No</i> | | |



Name
in
Full

Walter C. Kirtley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

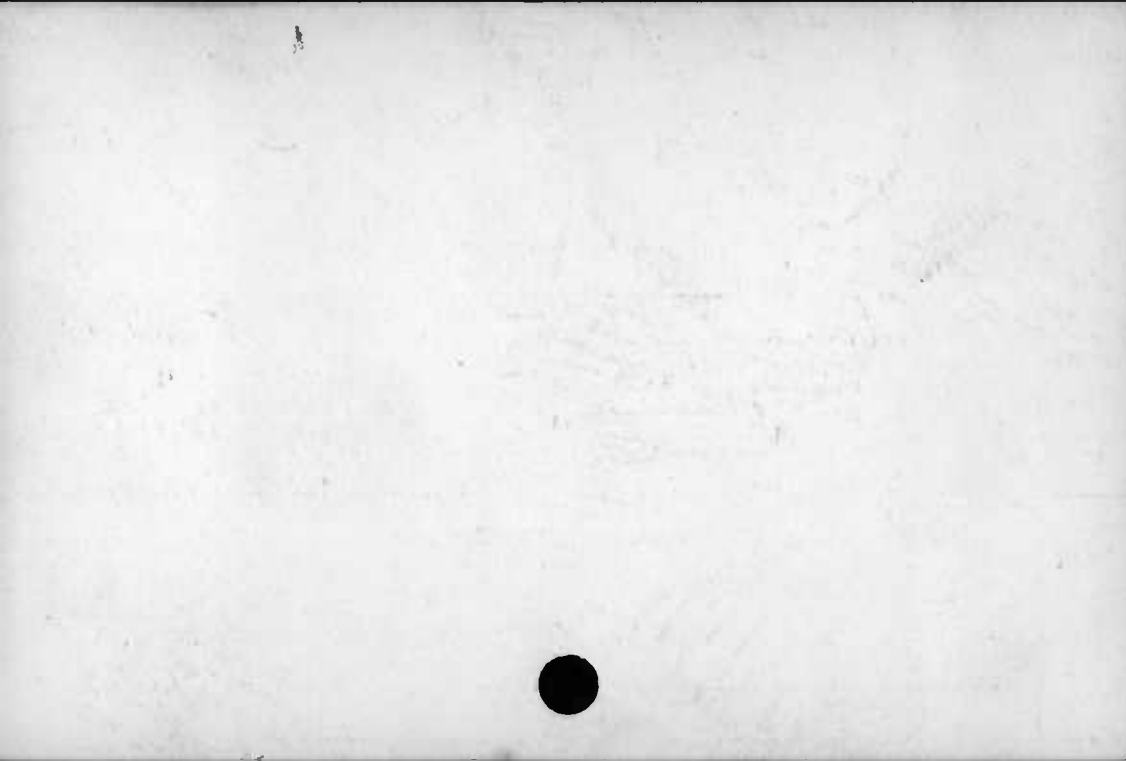
| | | | | | | | |
|-----------------------------------|--|---|--|-------------|--|----------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | | Day | | Years | |
| 1908 | | July | | 4 | | Age | |
| Sex | | Color or Race | | Birth-place | | Months | |
| Male | | White | | Cumd. | | 15 | |
| Occupation | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Single | | None | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Elmer Kirtley | | Cumd. | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Mary Helgoth | | Md | | | | | |
| Name of person giving Information | | How related to deceased | | | | | |
| | | Mother | | | | | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | | | |
|--|--|------------------------|--|
| Primary | | How long | |
| Summer Diarrhea & Indigestion | | 1 week | |
| Immediate | | How long | |
| Cholera & Inflammation | | 3 days | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| yes | | Geo. L. Swann | |
| | | Address | |
| | | Cumd. | |
| Accident or Suicide? | | | |
| no | | Md | |



CERTIFICATE OF DEATH

| | | | | | | | |
|--|--|--------------|--|----------------|----------------|--------------|--|
| Died at <i>Near Cumberland allway</i> | | Town <i></i> | | County <i></i> | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>7</i> | Day <i>4</i> | Age <i>79</i> | Years <i></i> | Months <i></i> | Days <i></i> | |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>MD</i> | | | | |
| Occupation <i></i> | | | Where Residing if not at place of death <i>Near Cumberland</i> | | | | |
| Married, Single or Widowed <i>Widowed</i> | Name of Wife or Husband <i>Unknown</i> | | | | | | |
| Father's Name <i>Unknown</i> | | | Father's Birthplace <i>Unknown</i> | | | | |
| Mother's Maiden Name <i>Unknown</i> | | | Mother's Birthplace <i>Unknown</i> | | | | |
| Name of person giving information <i>W. H. Leary</i> | | | How related to deceased <i>Son</i> | | | | |

CAUSES OF DEATH

How long

3 days

Primary Cerebral Hemorrhage

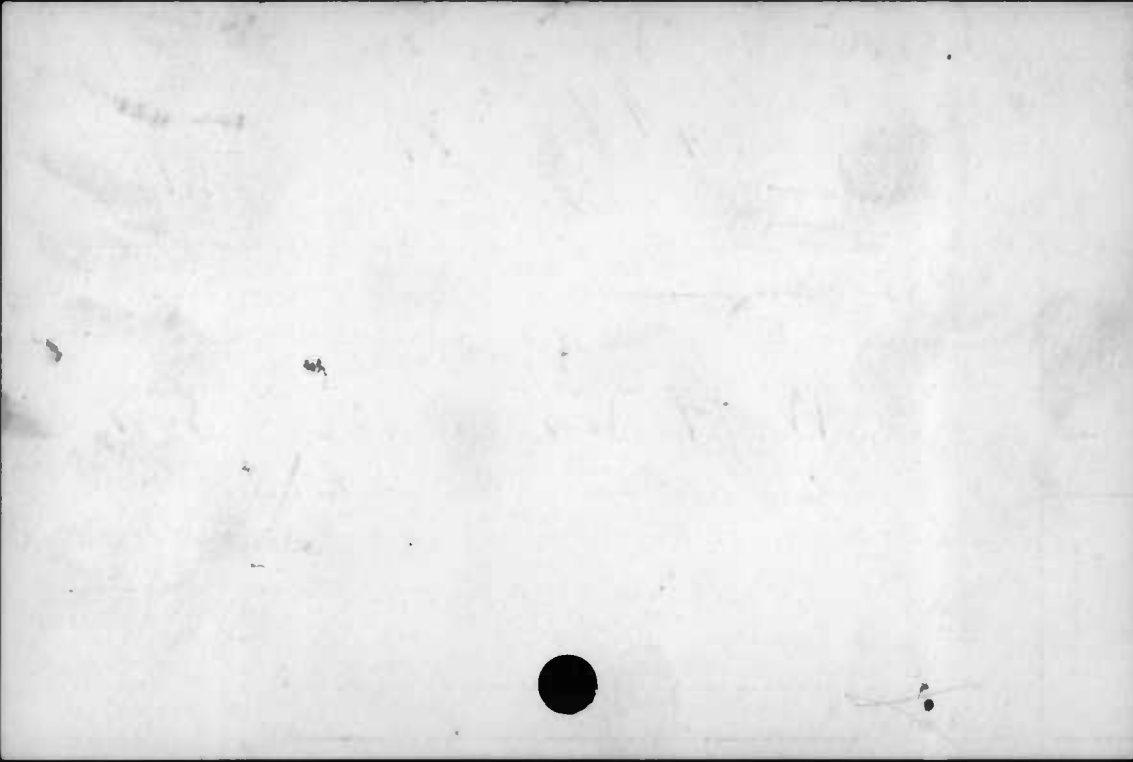
Immediate Larynx

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Nicholas Snethen Seimen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|---|------------------------|------------------------------------|---------------------|-----------------|-----------------------|--|
| Died at <i>Ferry Home</i> | | Town <i>Berkley Co</i> | | County <i>W. Va</i> | | STATE <i>MARYLAND</i> | |
| Date of death <i>1908</i> | Month <i>July</i> | Day <i>20</i> | Age <i>63</i> | Years <i>3</i> | Months <i>7</i> | Days | |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Berkley Co W Va</i> | | | | |
| Occupation <i>Farmer</i> | Where Residing if not at place of death | | | | | | |
| Married, Single or Widowed <i>Widower</i> | Name of Wife or Husband <i>Jennie Shroops Dec^d</i> | | | | | | |
| Father's Name <i>Robert Seimen</i> | Father's Birthplace <i>Berkley Co W Va</i> | | | | | | |
| Mother's Maiden Name <i>Sarah E. Light</i> | Mother's Birthplace <i>Beddington W Va</i> | | | | | | |
| Name of person giving information <i>Peter X. Seimen</i> | How related to deceased <i>Brother</i> | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Paralysis & heart trouble</i> | How long <i>one day</i> |
| Immediate <i>Heart failure</i> | How long <i>Sudden</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>W. S. Richardson</i> |
| | Address <i>Williamsport</i> |
| Accident or Suicide? <i>No.</i> | |

J. F. Krebs.

Undertaker,

Williamsport.

Mo.

Name
in
Full

CERTIFICATE OF DEATH

Nola May Lewis

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cumberland* ^{Town} County *Allegany* MARYLAND
Date of death *1908* Month *July* Day *27* Age *—* Years *—* Months *5* Days *1*
Sex *Female* Color or Race *White* Birthplace *Cumtuta*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *George W. Lewis*

Father's Birthplace *MT. Lake*

Mother's Maiden Name *Betty King*

Mother's Birthplace *MT Lake*

Name of person giving information *George W. Lewis*

How related to deceased *Father*

CAUSES OF DEATH

105

Primary *Cholera Infantum*

How long *1 day*

Immediate *Collapsus*

How long *1 "*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Hein

J M Spear
Cumberland, Md
Spear

Accident or Suicide?

mt Lake Park.

49 Johnson.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|-----------------------|----------------------------|---------------------|-------------------------------|
| Died at <i>Sonoma</i> Town | | <i>Alameda</i> County | | MARYLAND | |
| Date of death | <i>1908</i> | Month <i>July</i> | Day <i>27</i> | Age <i>66</i> Years | Months <i>—</i> Days <i>5</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Ireland</i> | | |
| Occupation <i>Miner</i> | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single or Widowed <i>Widow</i> | Name of Wife or Husband <i>Elizabeth Curry (deceased)</i> | | | | |
| Father's Name <i>Patrick Mc Ginn</i> | Father's Birthplace <i>Scotland</i> | | | | |
| Mother's Maiden Name <i>Agnus Smith</i> | Mother's Birthplace <i>Scotland</i> | | | | |
| Name of person giving information <i>Agnus Mc Ginn</i> | How related to deceased <i>Daughter</i> | | | | |

CAUSES OF DEATH

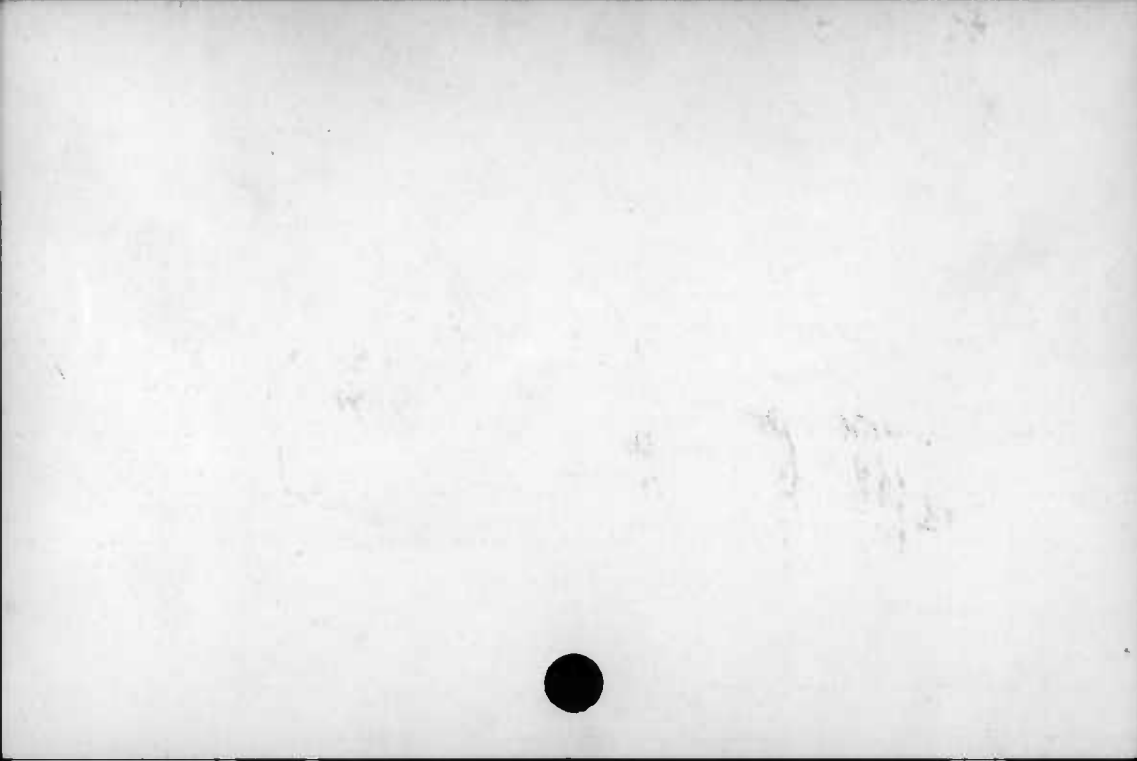
91

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Pneumonia with dyspnea</i> | How long <i>2 1/2 years</i> |
| Immediate <i>Arteriosclerosis</i> | How long <i>one month</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>James C. Bullock M.D.</i> |
| | Address <i>Sonoma Cal.</i> |
| Accident or Suicide? <i>no</i> | |



| Name in Full | | Certificate of Death | | | | |
|---|---|---|--|---|---------------------------------|-----------------------------|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <i>Frostburg</i> <small>Town</small> | | <i>Allegheny</i> <small>County</small> | | |
| | | Date of death <i>1908</i> <small>Month</small> | | <i>7</i> <small>Day</small> | <i>23</i> <small>Months</small> | <i></i> <small>Days</small> |
| | | Sex <i>male</i> | | Color or Race <i>white</i> | Birth-place <i>U.S.</i> | |
| | | Occupation <i>—</i> | | Where Residing if not at place of death <i>Home</i> | | |
| | | Married, Single or Widowed <i>—</i> | | Name of Wife or Husband <i>—</i> | | |
| PHYSICIAN OR CORONER | | Father's Name <i>John McGuire</i> | | Father's Birthplace <i>U.S.</i> | | |
| | | Mother's Maiden Name <i>Julia Wilderman</i> | | Mother's Birthplace <i>U.S.</i> | | |
| | | Name of person giving information <i>Father</i> | | How related to deceased <i>—</i> | | |
| | | CAUSES OF DEATH | | <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">9</div> | | |
| Primary <i>Diphtheria</i> | How long <i>14 hours</i> | | | | | |
| Immediate <i>asthenia & delirium</i> | How long <i>14 hours</i> | | | | | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Thomson D. Mackay</i> | | | | | |
| | Address <i>Frostburg, Md.</i> | | | | | |
| Accident or Suicide? | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

J. H. B. Mahaney

Town

County

MARYLAND

Died at *Cumberland*

Allegany

Date

Month

Day

Years

Months

Days

of death *1908*

July

4

Age

57

10

12

Sex

Male

Color or
Race

White

Birth-
place

W. Va

Occupation

Merchant

Where Residing if not
at place of death

-

Married, Single
or Widowed

Married

Name of Wife or
Husband

Emily V. Mahaney

Father's
Name

George Mahaney

Father's
Birthplace

Do not know

Mother's
Maiden Name

Elizabeth Fanner

Mother's
Birthplace

Do not know

Name of person giving
In formation

Emily V. Mahaney

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Organic Heart Disease

How long

10 yrs 6.

Immediate

Exhaustion

How long

14 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. F. Twigg

Address

*Cumberland
Md*

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. H. B. Mahony.

1908.

1850 -

11111111

5/5

CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

Evelyn Matheson

Town

Count

MARYLAND

Died at

Date _____

Month

Day

Age

Years

Months

Days

of death 1908

July

21

//

—

Sex

Color or Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving
information

How related
to deceased

CAUSES OF DEATH

105

Primary

Hwong Tong

Immediate

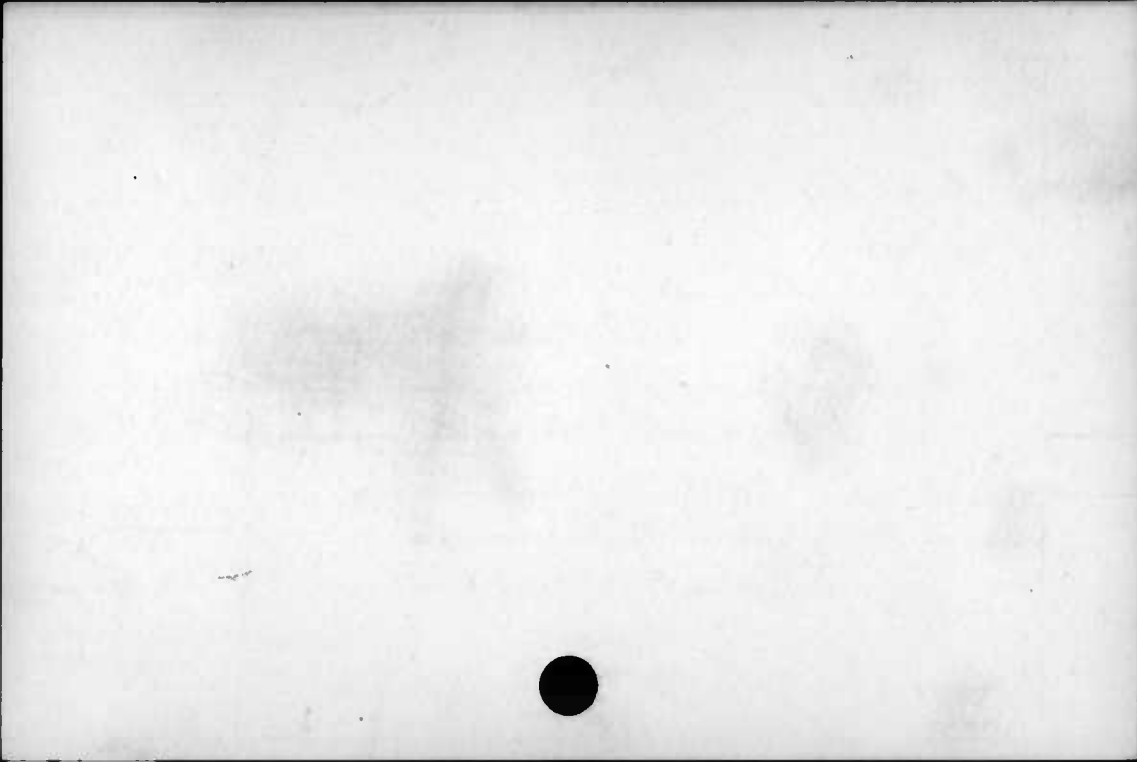
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Angela Mazzo -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

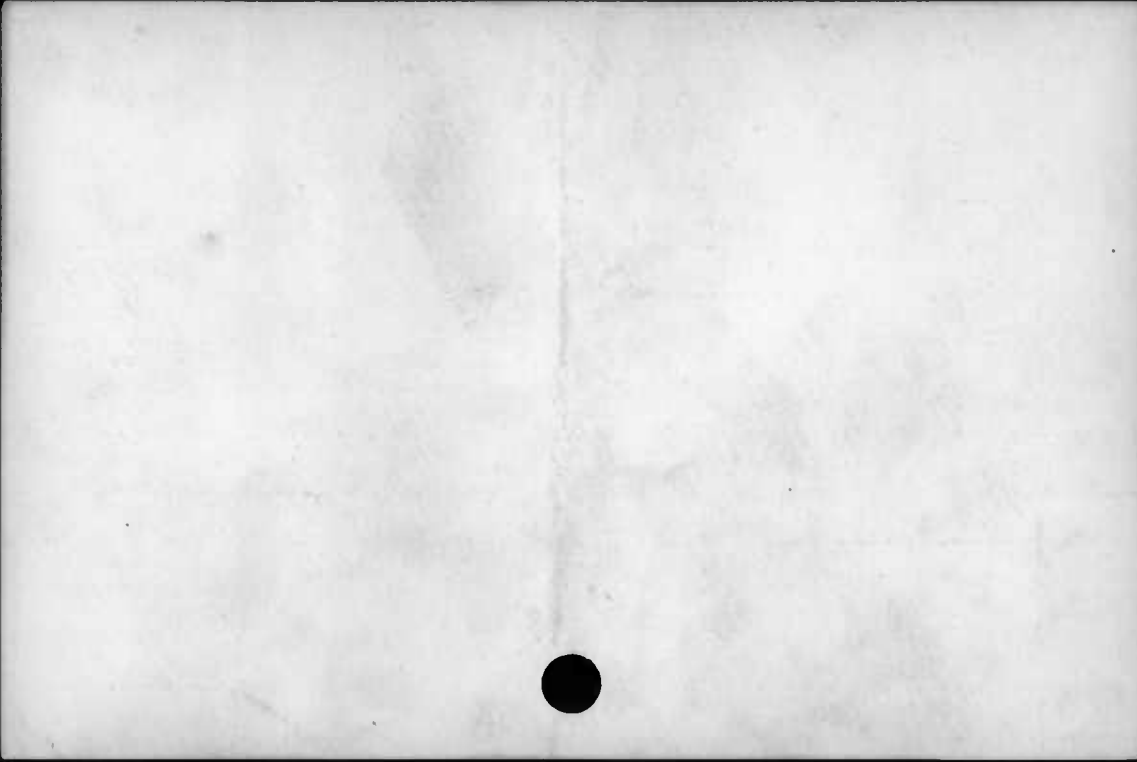
| | | | | | | | |
|-----------------------------------|----------------------|-------------------------|---------------|---|---------|-------------|-----------------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1908 | | 7 | 6 | 1 | 7 | 2 | - |
| Sex | Female | | Color or Race | Italian - | | Birth-place | Borden Miss, Md |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Single | | | | | | | |
| Father's Name | George Mazzo - | | | Father's Birthplace | Italy - | | |
| Mother's Maiden Name | Philomena Christina, | | | Mother's Birthplace | Italy | | |
| Name of person giving information | George Mazzo - | | | How related to deceased | Father | | |

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

| | | | |
|--|------------------|------------------------|------------------|
| Primary | Whooping cough - | How long | 1 week 2 days - |
| Immediate | Cholera Infantum | How long | 2 days - |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | J. C. Coble M.D. |
| | | Address | Borden Miss, Md |
| Accident or Suicide? - | | No. | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

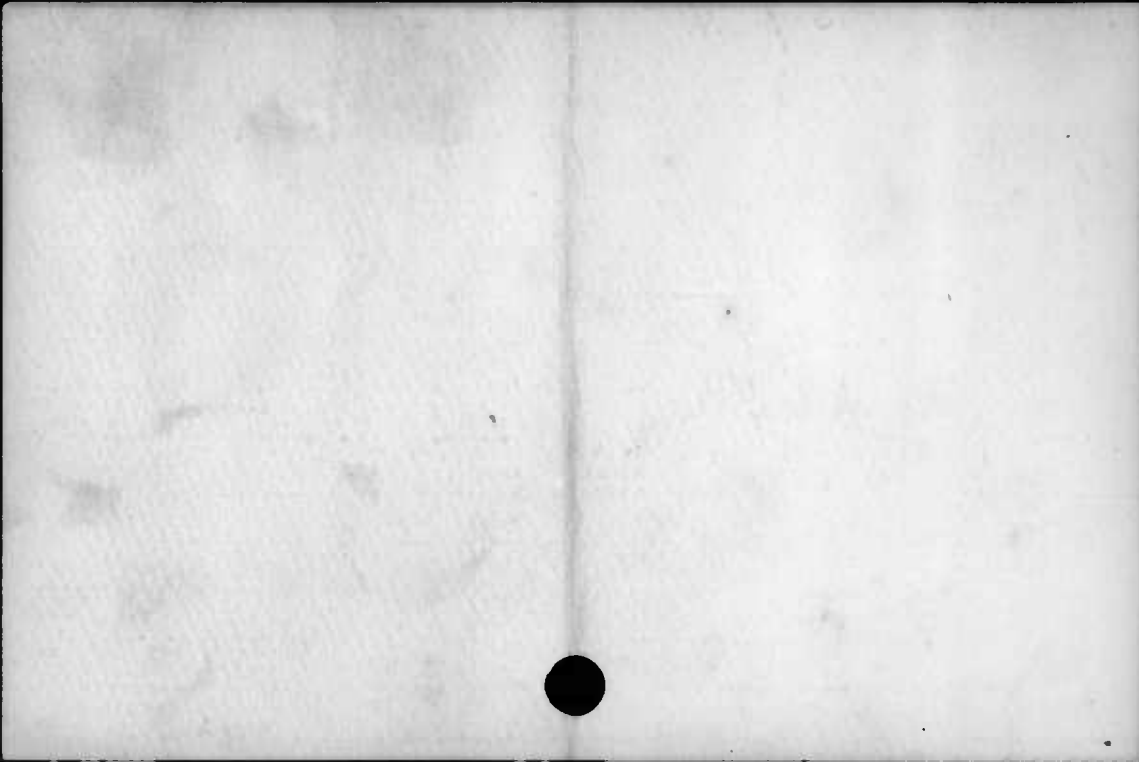
| | | | | | | | |
|-----------------------------------|--------|-------------------------|-----|---|-------|-------------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1908 | | July | 14 | | | | 15 |
| Sex | Female | Color or Race | | White | | Birth-place | |
| Occupation | | | | Where Residing if not at place of death | | Frothingham | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Father's Name | | George Mazzeo | | Father's Birthplace | | Italy | |
| Mother's Maiden Name | | Philippina Scallaci | | Mother's Birthplace | | Italy | |
| Name of person giving information | | George Mazzeo | | How related to deceased | | Father | |

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

| | | | |
|--|----------|------------------------|--------------|
| Primary | Marasmus | How long | Don't know |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | Yes. | Signature of Physician | J. C. Carter |
| | | Address | Frothingham |
| Accident or Suicide? | No | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--|---|--|------------------|--|
| Name in Full <i>Infant Miller</i> | | Town <i>Smearing</i> | | County <i>Allegheny</i> | | MARYLAND | |
| Died at <i>Smearing</i> | | Date of death <i>1908</i> | | Month <i>July</i> | | Day <i>30</i> | |
| Age <i>—</i> | | Years <i>—</i> | | Months <i>—</i> | | Days <i>1</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Smearing</i> | | | |
| Occupation <i>none</i> | | | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Not Given - (Illegitimate)</i> | | Father's Birthplace <i>—</i> | | | | | |
| Mother's Maiden Name <i>Charlotte Miller</i> | | Mother's Birthplace <i>Smearing</i> | | | | | |
| Name of person giving information <i>Charlotte Miller</i> | | How related to deceased <i>mother</i> | | | | | |

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary <i>Prematurely</i> | | How long <i>7 months child</i> | |
| Immediate <i>—</i> | | How long <i>6 hours</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>James O. Bullock, M.D.</i> | |
| Address <i>Smearing Mo</i> | | Address <i>Smearing Mo</i> | |
| Accident or Suicide? <i>no</i> | | | |



Name
in
Full

Frances Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|--|--|----------|--|
| Died at <u>Cumbyland</u> ^{Town} | | <u>Allegheny</u> ^{County} | | MARYLAND | |
| Date of death <u>1908</u> ^{Month} <u>July</u> ^{Day} <u>25</u> | | Age <u>—</u> ^{Years} <u>7</u> ^{Months} <u>wh</u> ^{Days} | | | |
| Sex <u>Female</u> | Color or Race <u>White</u> | Birth-place <u>Cumbyland</u> | | | |
| Occupation <u>None</u> | | Where Residing if not at place of death <u>—</u> | | | |
| Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband <u>None</u> | | | |
| Father's Name <u>Mc Clellan Miller</u> | | Father's Birthplace <u>MD</u> | | | |
| Mother's Maiden Name <u>Agnes Morgan</u> | | Mother's Birthplace <u>MD</u> | | | |
| Name of person giving information <u>Agnes Morgan</u> | | How related to deceased <u>Mother</u> | | | |

CAUSES OF DEATH

145

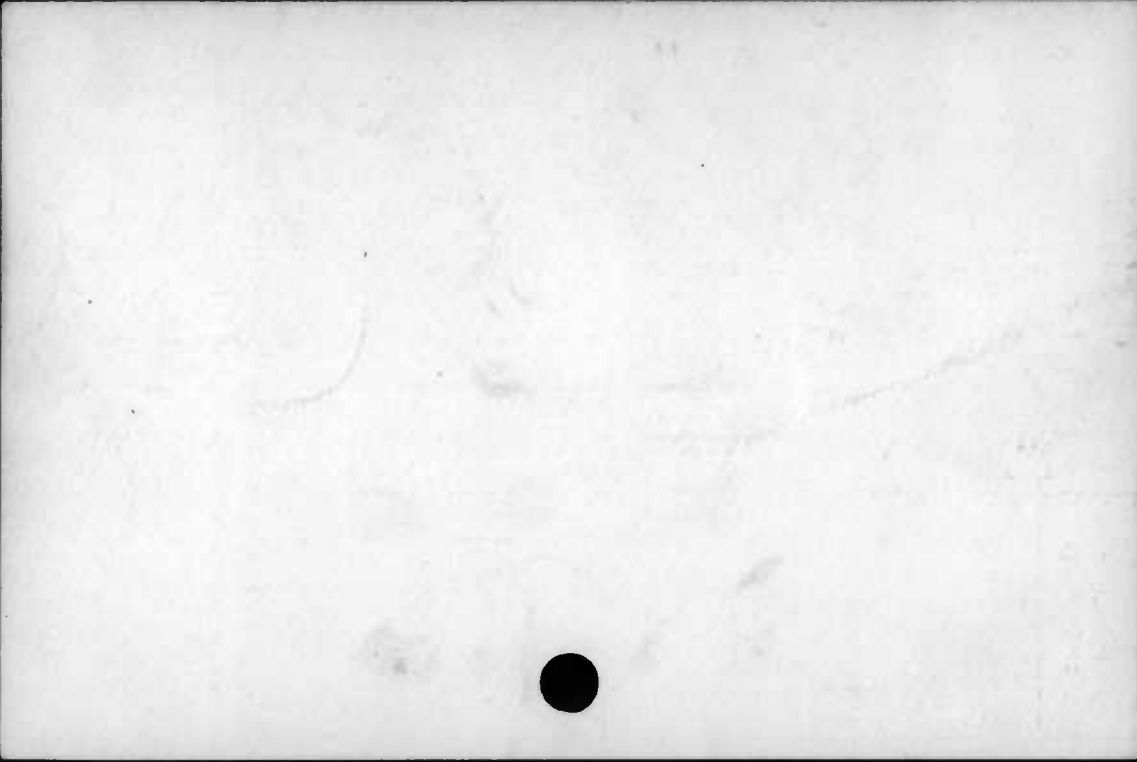
PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>Exhaustion</u> | How long <u>Several months</u> |
| Immediate <u>Exhaustion</u> | How long <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>Francis J. [unclear]</u> |
| <u>Steen</u> | Address <u>Cumbyland MD</u> |
| Accident or Suicide? <u>—</u> | |

32nd
Gr

| Name In Full | | Gracie E Miller | | | | CERTIFICATE OF DEATH | |
|--|--|---------------------|-------------------------|-------------------|-------------------------|----------------------|------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Near Westernport Md | | County | | MARYLAND | |
| | Date of death | 1908 | Month July | Day 22 | Age Years | Months 7 | Days 20 |
| | Sex | girl | | Color or Race | White | | |
| | Occupation | now | | Birth-place | Near Westernport | | |
| | Where Residing if not at place of death | | | at Place of death | | | |
| | Married, Single or Widowed | | Name of Wife or Husband | | | | |
| Father's Name | | Harvey A Miller | | | Father's Birthplace | | |
| Mother's Maiden Name | | Alberta Stevenson | | | Grant Co Md | | |
| Name of person giving information | | Dr W A Shuey | | | Mother's Birthplace | | |
| | | | | | How related to deceased | | |
| | | | | | none | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Cholera Infantum | | | | How long | 10 days |
| | Immediate | Coma unconscious | | | | How long | 2 hours |
| | Are the name, age, sex, color, date and place correctly given above? | | | | yes | | |
| | Signature of Physician | | | | W A Shuey | | |
| | Address | | | | Piedmont W. Va. | | |
| Accident or Suicide? <input checked="" type="checkbox"/> | | | | | | | |

105



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cambridge*

Town

Alle

County

Date

of death *1908*

Month

July

Day

16

Age

Years

Months

3

Days

Sex

*Male*Color or
Race*White*Birth-
place*Ind*

Occupation

*none*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
Husband*none*Father's
Name*John Mink*Father's
Birthplace*Ind*Mother's
Maiden Name*Mary Gipsman*Mother's
Birthplace*Germany*Name of person giving
information*John Mink*How related
to deceased*Father*

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

3 days

Immediate

Convulsions

How long

*15 minutes*Are the name, age, sex, color, date
and place correctly given above?*Shaw*Signature of
Physician

Address

*John W. Shaw
Lynchburg, Va.*

Accident or Suicide?

#1 Rose Hill add.

Name
in
Full

Andrew Nicol

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

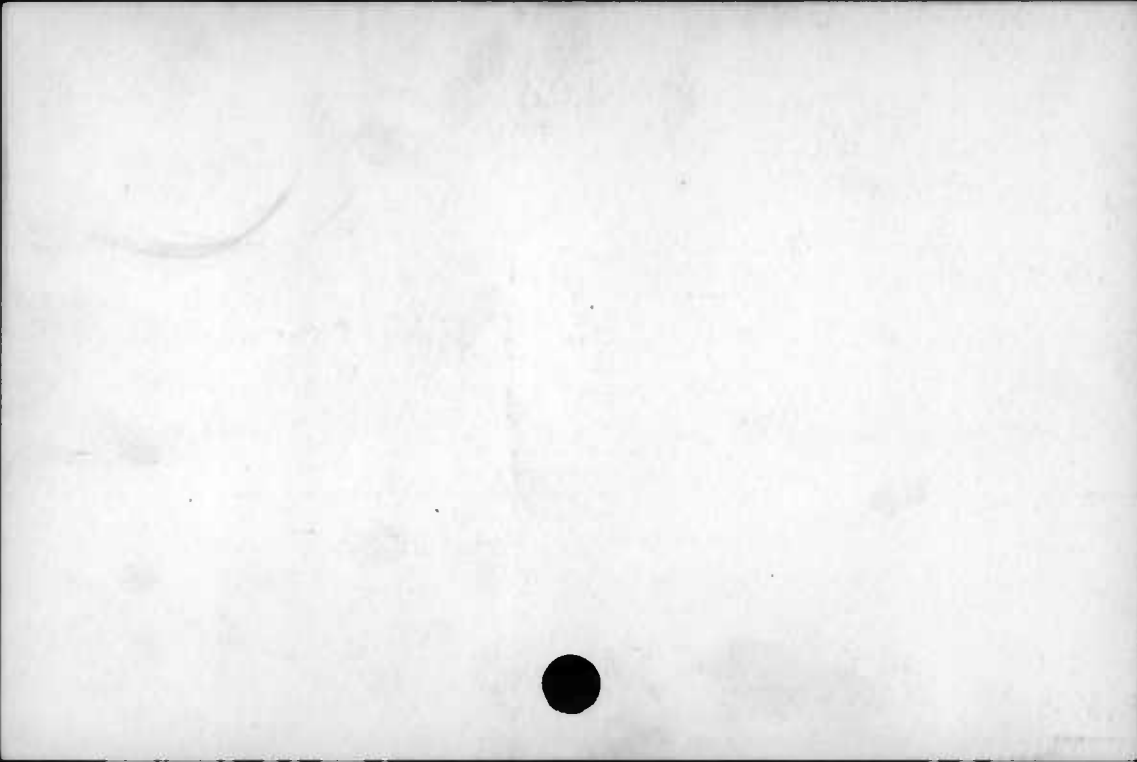
| | | | | | |
|-----------------------------------|---------------|---|-------------------|-------------|----------|
| Died at <u>Lonaconing</u> Town | | <u>Allegheny</u> County | | MARYLAND | |
| Date of death | 1908 | Month | July | Day | 17 |
| Age | 67 | Years | | Months | 1 |
| Sex | Male | Color or Race | White | Birth-place | Scotland |
| Occupation | Miner | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Anne Alice Anwell | | |
| Father's Name | James Nicol | Father's Birthplace | Scotland | | |
| Mother's Maiden Name | Mary Schuyler | Mother's Birthplace | Scotland | | |
| Name of person giving information | John Nicol | How related to deceased | Son | | |

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

| | | | |
|--|-----------------------|------------------------|------------------|
| Primary | not seen before death | How long | (64) |
| Immediate | cerebral hemorrhage | How long | Immediate |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | Henry W. Hodgson |
| | | Address | Lonaconing Md. |
| Accident or Suicide? | No | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

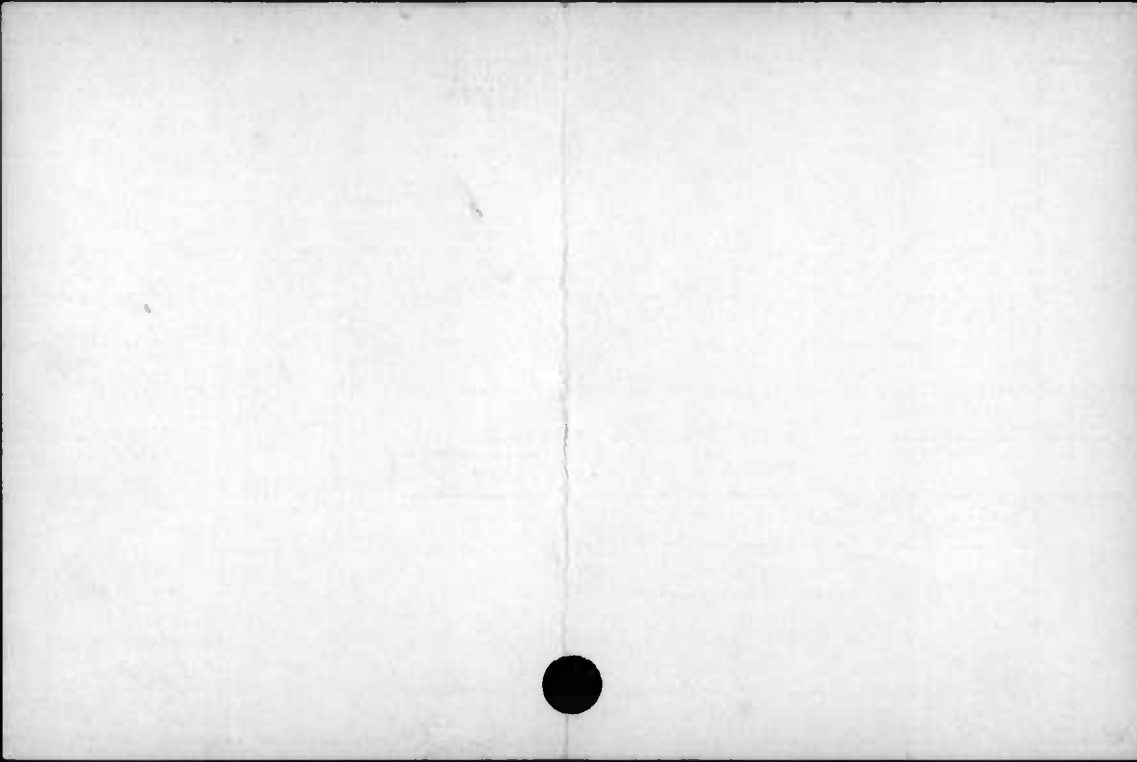
| | | | | | | | |
|---|----------------------------|---|--|--------|-----------------|----------|--|
| Died at <i>Cumberland</i> | | Town <i>Allegany</i> | | County | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>July</i> | Day <i>27</i> | Age <i>56</i> | Years | Months <i>1</i> | Days | |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>U. S. A.</i> | | | | |
| Occupation <i>Miner</i> | | | Where Residing if not at place of death <i>Lonaconing, Md.</i> | | | | |
| Married, Single or Widowed | | Name of Wife or Husband <i>Mrs Rose Nolan</i> | | | | | |
| Father's Name <i>Martin Nolan</i> | | | Father's Birthplace <i>Ireland</i> | | | | |
| Mother's Maiden Name <i>Mary Gray</i> | | | Mother's Birthplace <i>Ireland</i> | | | | |
| Name of person giving information <i>Mrs Rose Nolan</i> | | | How related to deceased <i>Wife</i> | | | | |

CAUSES OF DEATH

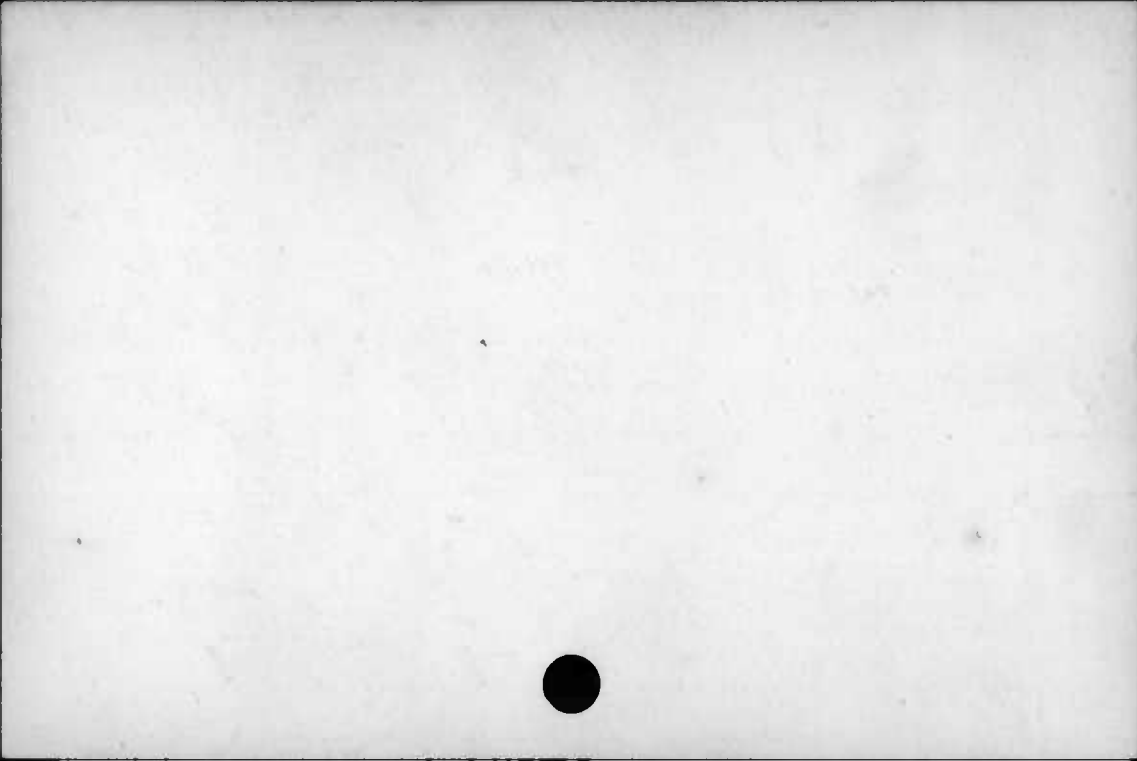
118

PHYSICIAN
OR CORONER

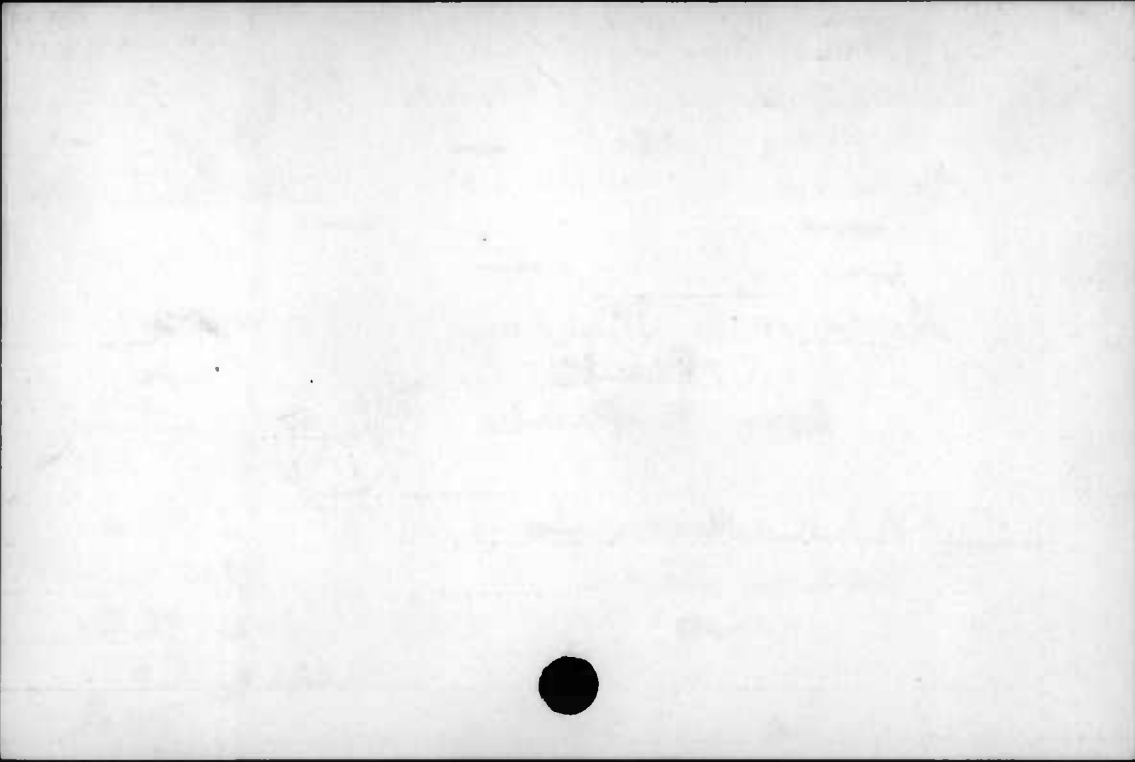
| | | | |
|--|---------------------|------------------------|----------------|
| Primary | <i>Appendicitis</i> | How long | <i>3 weeks</i> |
| Immediate | <i>Pneumonia</i> | How long | <i>2 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <i>Yes</i> | | <i>W. R. Hodges</i> | |
| | | Address | |
| | | <i>Cumberland</i> | |
| Accident or Suicide? | | | |



| Name in Full | | Mary Ellen Parker. | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|--------------------------------------|---|--------------|-------------|------------------------|----------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | County | | Towa | | MARYLAND | |
| | Date of death | 1908 | Month | July | Day | 22 | Age |
| | Sex | Female | Color or Race | White | Birth-place | Eckhard Md. | Months |
| | Occupation | Unknown | Where Residing if not at place of death | - | | | |
| | Married, Single or Widowed | Widow | Name of Wife or Husband | Abner Parker | | | |
| | Father's Name | W. Porter | Father's Birthplace | Maryland | | | |
| | Mother's Maiden Name | Julia Winters | Mother's Birthplace | Maryland | | | |
| Name of person giving information | Henrietta Bowden | | How related to deceased | Daughter | | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Acute Stenosis | | | | How long | 2 years. |
| | Immediate | Hemiplegia | | | | How long | 15 minutes |
| | Are the name, age, sex, color, date and place correctly given above? | Yes | | | | Signature of Physician | William R. Ford M.D. |
| | Address | 116 Virginia Ave Cumberland - Md. | | | | Accident or Suicide? | No |



| | | | |
|--|--------------------------------|-------------------------|----------------------|
| Name in Full William B. Patrick | | CERTIFICATE OF DEATH | |
| Died at Linacoming Town Callegany County | | MARYLAND | |
| Date of death | 1908 July 16 | Age | 33 |
| Sex | Male | Color or Race | White |
| Occupation | Mixer | Birth-place | Barton |
| Where Residing if not at place of death | | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Helen Graham |
| Father's Name | Robert Patrick | Father's Birthplace | Pa |
| Mother's Maiden Name | Elizabeth Peterson | Mother's Birthplace | Barton |
| Name of person giving information | Robert Patrick | How related to deceased | Half brother |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(164)</div> | | | |
| Primary | Compound fracture of both legs | How long | Suddenly |
| Immediate | Shock | How long | 1 1/4 hours |
| Are the name, age, sex, color, date and place correctly given above? | yes | Signature of Physician | W. D. Skilling, M.D. |
| | | Address | Linacoming |
| Accident or Suicide? | Accident | | |



Name
in
Full

Dorothy Lee Peck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Queen TownAllen CountyDate of death 1908 July MonthDay 12Age — YearsMonths 3Days —Sex femaleColor or Race wh h-Birth-place Washington DCOccupation —Where Residing if not at place of death —Married, Single or Widowed —Name of Wife or Husband —Father's Name Herbert E PhelanFather's Birthplace PaMother's Maiden Name Cora E PeckMother's Birthplace IndName of person giving information Cora E PeckHow related to deceased mother

CAUSES OF DEATH

179

PHYSICIAN
OR CORONERPrimary MarasmusHow long 1 moImmediate ExhaustionHow long 24 hrsAre the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Alt Brace H.O.

Address

Allen Co IndAccident or Suicide? no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|-------------------------|------------------------|---------------|----------------------|
| Died at <i>Ind Saray</i> | | County <i>Alleghany</i> | | MARYLAND | |
| Date of death | 1908 | Month <i>July</i> | Day <i>13</i> | Age <i>73</i> | Months <i>9</i> Days |
| Sex <i>male</i> | Color or Race <i>white</i> | | Birth-place <i>Ind</i> | | |
| Occupation <i>laborer</i> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>Mary McEugan</i> | | | | |
| Father's Name <i>John Porter</i> | Father's Birthplace <i>Ind</i> | | | | |
| Mother's Maiden Name <i>Mary Albright</i> | Mother's Birthplace <i>Pa</i> | | | | |
| Name of person giving information <i>John B. Porter</i> | How related to deceased <i>Son</i> | | | | |

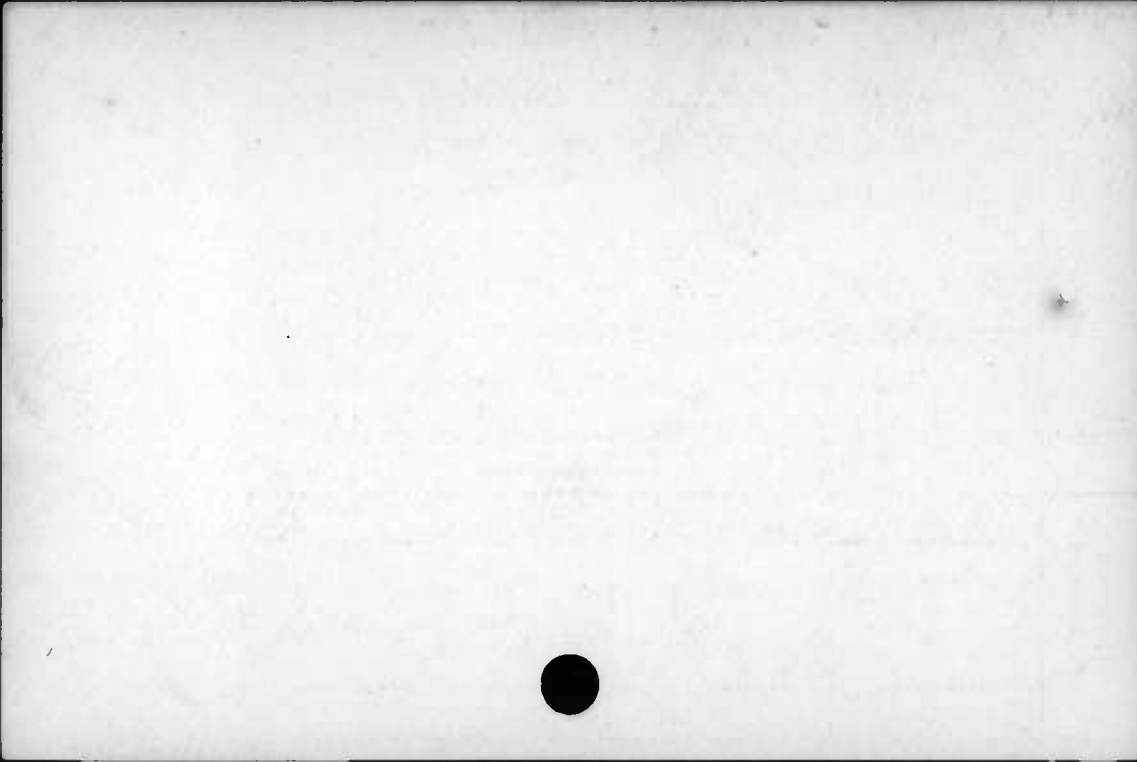
CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Arterial Hemorrhage</i> | How long <i>7 hrs</i> |
| Immediate <i>Acute Myocardial Infarction</i> | How long <i>24 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>F. Alan G. Murray M.D.</i> |
| | Address <i>Ind Saray Ind</i> |
| Accident or Suicide? | |



Name
in
Full

Queen Berkeley Route

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

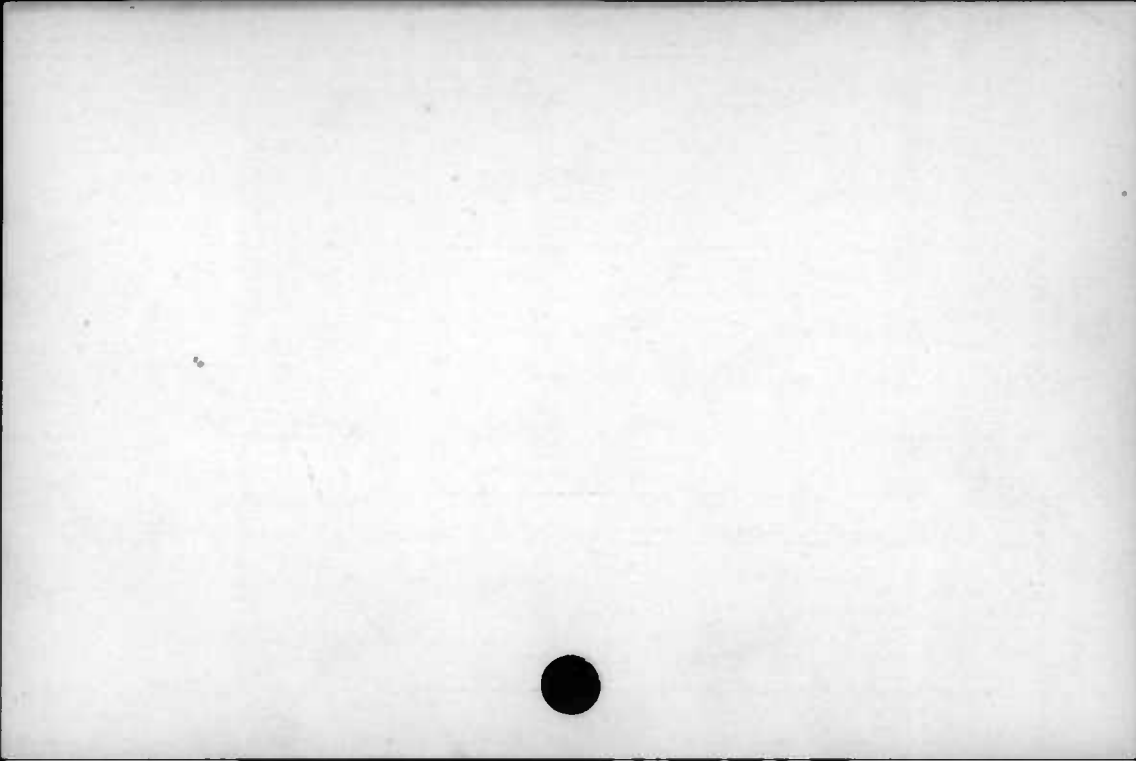
MARYLAND

| | | | | | |
|--|-------------|------------------------------------|-----------------------|--------------|----|
| Died at <u>Frostburg</u> ^{Town} | | <u>Allegheny</u> ^{County} | | | |
| Date of death | 1908 | Month | 7 | Day | 12 |
| | | Age | 2 | Years | |
| | | | | Months | 6 |
| | | | | Days | |
| Sex | <u>Male</u> | | Color or Race | <u>white</u> | |
| Occupation | <u>—</u> | | Birth-place | <u>U.S.</u> | |
| Where Residing if not at place of death | | | <u>Home</u> | | |
| Married, Single or Widowed | | | <u>—</u> | | |
| Name of Wife or Husband | | | <u>—</u> | | |
| Father's Name | | | <u>Owen B. Porter</u> | | |
| Father's Birthplace | | | <u>U.S.</u> | | |
| Mother's Maiden Name | | | <u>Annie Jones</u> | | |
| Mother's Birthplace | | | <u>U.S.</u> | | |
| Name of person giving information | | | <u>Father</u> | | |
| How related to deceased | | | <u>61</u> | | |

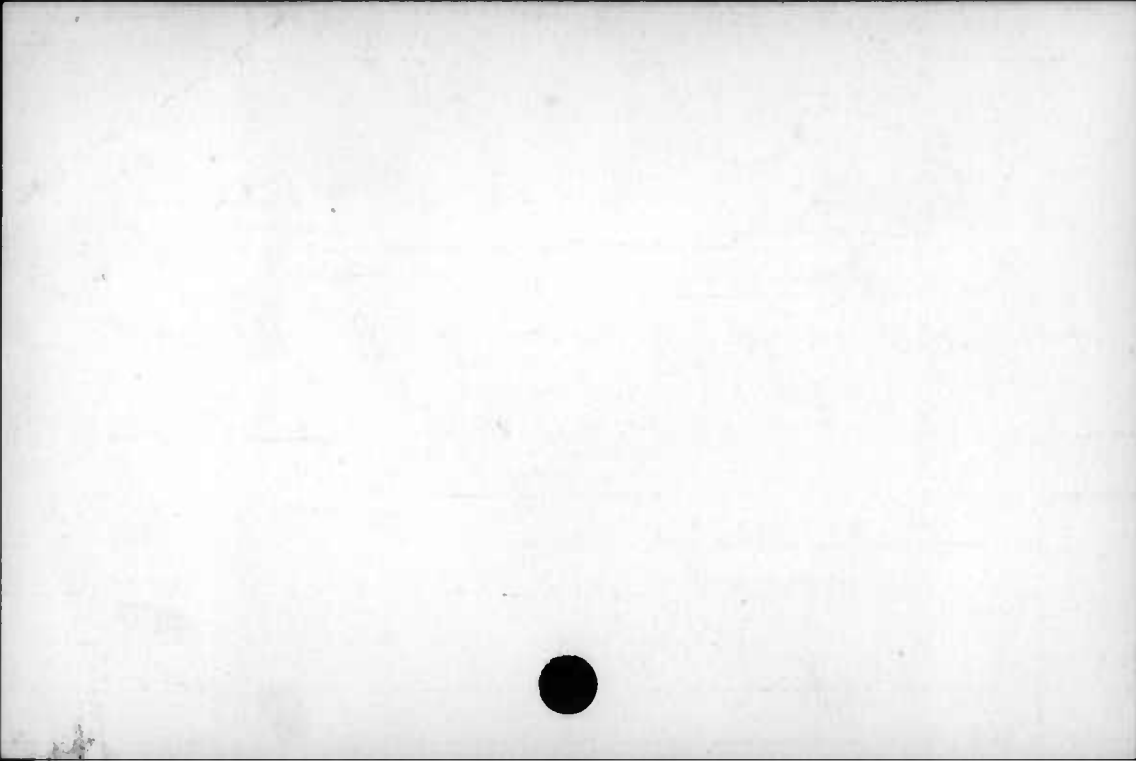
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------------------------|--------------------------|-----------------------|
| Primary | <u>Meningitis of Central Meninges</u> | How long | <u>2 yrs + 4 days</u> |
| Immediate | <u>Coma</u> | How long | <u>4 days</u> |
| Are the name, age, sex, color, date and place correctly given above? | | <u>ye</u> | |
| Signature of Physician | | <u>Shomon D. Maouley</u> | |
| Address | | <u>—</u> | |
| Accident or Suicide? | | | |



| Name in Full | | Edgar Puddlesmy | | | | CERTIFICATE OF DEATH | | | | | |
|--|-----------------------------------|-----------------|-------------------|------------------------|---|----------------------|----------|----------|-------------|------------|------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Lonaconing | | County | | ALLIANCE | | | | |
| | Date of death | | 1908 | Month | July | Day | 30 | Age | Years | Months | Days |
| | Sex | | Female | | Color or Race | | White | | Birth-place | | Lonaconing |
| | Occupation | | None | | Where Residing if not at place of death | | | | | | |
| | Married, Single or Widowed | | Single | | Name of Wife or Husband | | | | | | |
| | Father's Name | | Eli Puddlesmy Jr | | Father's Birthplace | | Pa | | | | |
| PHYSICIAN OR CORONER | Mother's Maiden Name | | Estella Smith | | Mother's Birthplace | | Pa | | | | |
| | Name of person giving information | | Eli Puddlesmy | | How related to deceased | | Father | | | | |
| | CAUSES OF DEATH | | | | | | 105 | | | | |
| | Primary | | Cholera infection | | | | How long | | 10 days | | |
| Immediate | | Convulsions | | | | How long | | 48 hours | | | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | E. B. Skilling M.D. | | Address | | Lonaconing | |
| Accident or Suicide? | | No | | | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

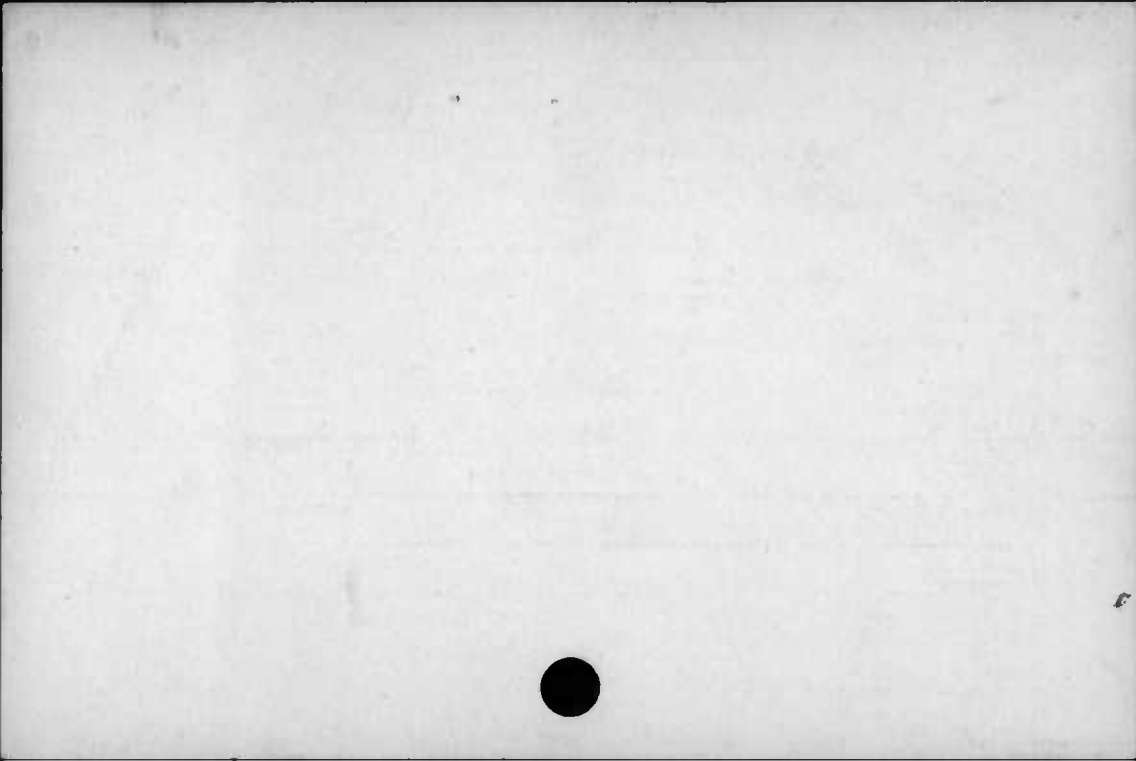
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|-----------------------------------|--|----------------------------------|-------------------------|--|
| Died at | Town <u>Frostburg</u> | County <u>Rawlings</u> | MARYLAND | |
| Date of death | 190 <u>8</u> | Month <u>July</u> | Day <u>5</u> | Age <u>8</u> Months <u>8</u> Days <u>—</u> |
| Sex | <u>Male</u> | Color or Race | <u>Black</u> | Birth-place <u>Frostburg</u> |
| Occupation | Where Residing if not at place of death <u>—</u> | | | |
| Married, Single or Widowed | <u>X</u> | Name of Wife or Husband <u>—</u> | | |
| Father's Name | <u>John Rawlings</u> | | Father's Birthplace | <u>Frostburg</u> |
| Mother's Maiden Name | <u>Callie Carter</u> | | Mother's Birthplace | <u>Piedmont W. Va.</u> |
| Name of person giving information | <u>Daniel W Rawlings</u> | | How related to deceased | <u>Grand Father</u> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|------------------------|---------------------|
| Primary | <u>Hooking cough</u> | How long | <u>6 days</u> |
| Immediate | <u>Cond</u> | How long | <u>6 days</u> |
| Are the name, age, sex, color, date and place correctly given above? | <u>yes</u> | Signature of Physician | <u>Dr J C Colby</u> |
| | | Address | <u>Frostburg</u> |
| Accident or Suicide? | <u>0</u> | | |



Name
in
Full

Kathrine Ritter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Cumberland County Alleghany MARYLAND

Died at Cumberland

Date of death 1908 July 12 Age 65 Months - Days -

Sex Female Color or Race White Birth-place Germany

Occupation retired house keeper Where Residing if not at place of death -

Married, Single or Widowed Widow Name of Wife or Husband Paul Ritter

Father's Name Jacob Foebel Father's Birthplace Germany

Mother's Maiden Name Do not know Mother's Birthplace Do not know

Name of person giving information Jacob Ritter How related to deceased Son

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary Cancer of liver How long 5 mos

Immediate - How long -

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician N. W. Wiley

Address Wiley

Accident or Suicide? -

Fra Host ✓

~~Se. K. Schmidt~~

Spiegel ✓

C. Frey ✓

J. Petermann ✓

m. Serris ✓

Ps

Name
in
Full

Mrs. Martha C. Ross

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Lonaconing

Allegheny

Date

of death

1908

Month

July

Day

23

Age

Years 45

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Milland Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Robert Ross

Father's
Name

John W. Murphy

Father's
Birthplace

Pa

Mother's
Maiden Name

Margaret McLaughlin

Mother's
Birthplace

"

Name of person giving
Information

Geo W Ross

How related
to deceased

Husband

CAUSES OF DEATH

42

Primary

Carcinoma of uterus

How long

One year

Immediate

Irradiation

How long

Three months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J B Skilling M.D.

Address

Lonaconing,

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|----------------------------------|--|--------------------------|--|
| Name in Full Morris Shipley | | Town Cumberland | | County Allegheny | | State MARYLAND | |
| Died at Cumberland | | Month July | | Day 20 | | Age 33 | |
| Date of death 1908 | | Month July | | Day 20 | | Years 33 | |
| Sex Male | | Color or Race White | | Birth-place Cumberland | | Months — | |
| Occupation Laborer | | Where Residing if not at place of death — | | Days — | | | |
| Married, Single or Widowed Single | | Name of Wife or Husband — | | | | | |
| Father's Name Wm H Shipley | | Father's Birthplace MD | | | | | |
| Mother's Maiden Name Emilie Pheobus | | Mother's Birthplace MD | | | | | |
| Name of person giving information Edna Bohn | | How related to deceased Sister | | | | | |

CAUSES OF DEATH

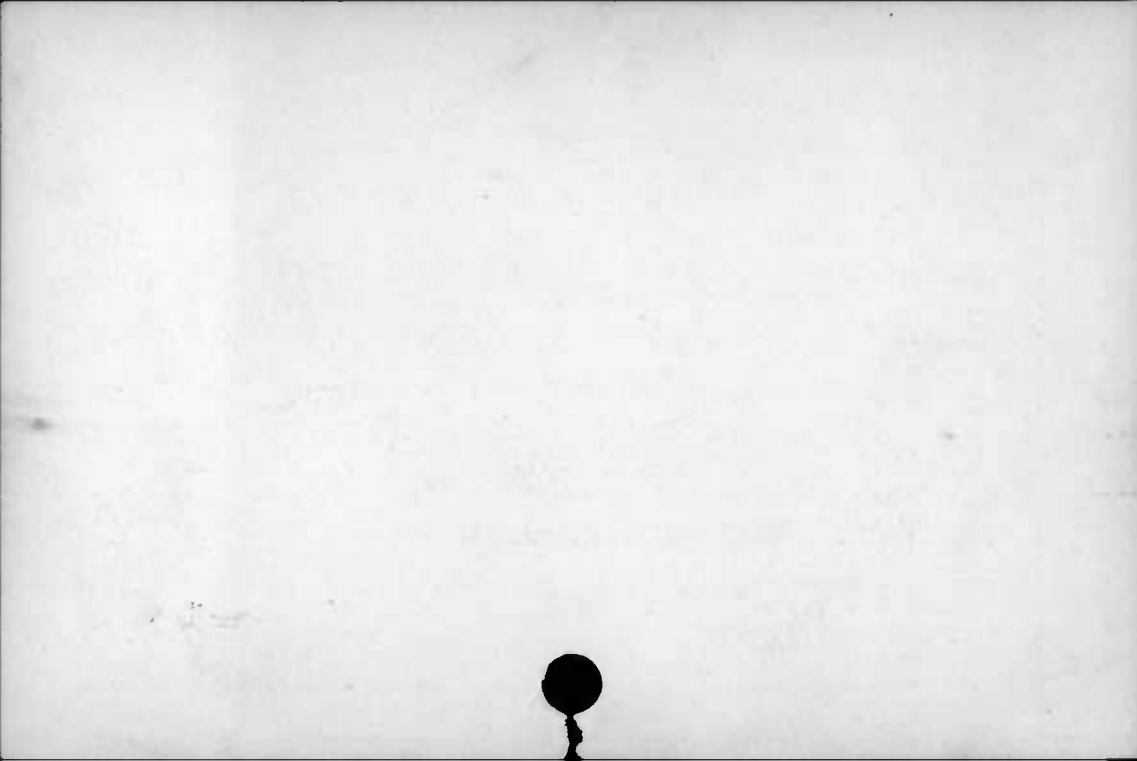
PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary Nephritis | How long 6 mos |
| Immediate Exhaustion | How long — |
| Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician Nephritis |
| Shaw | Address Thor. N. Shaw |
| Accident or Suicide? | Cumbersland MD |

1.



| Name in Full | | Rachael C. Taylor | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|----------------------|-------------------------|---|------------------------|----------------------|-------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Town Cumberland | | County Alleg. | | MARYLAND | |
| | Date of death | 1908 | Month July | Day 2 | Age 50 | Years — | Months — |
| | Sex | Female | | Color or Race | White | | Birth-place |
| | Occupation | Housewife | | Where Residing if not at place of death | | — | |
| | Married, Single or Widowed | Married | | Name of Wife or Husband | | J C Taylor | |
| | Father's Name | August Hilderbrand | | Father's Birthplace | | Germany | |
| | Mother's Maiden Name | Dora Know | | Mother's Birthplace | | Unknown | |
| Name of person giving information | J C Taylor | | How related to deceased | | Husband | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Tumor of spinal cord | | | | How long | 5 yrs. |
| | Immediate | Exhaustion | | | | How long | 6 wks. |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | |
| | Accident or Suicide? | | X | | Address | | |
| | | | | Edward Harris | | | |
| | | | | Cumberland Ind. | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John William Tomlinson*

Died at *Garrett Co Maryland* *Ally* County

Date of death *1908* *July* *24* *Age* *72* *2* Months *0* Days

Sex *Male* Color or Race *White* Birth-place *Claryville Md*

Occupation *Farmer* Where Residing if not at place of death *✓*

Married, Single or Widowed *Married* Name of Wife or Husband *Sarah Tomlinson*

Father's Name *Jerry Tomlinson* Father's Birthplace *Unknown*

Mother's Maiden Name *Anna Kiptenbaugh* Mother's Birthplace *✓*

Name of person giving information *Aaron Tomlinson* How related to deceased *Brother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* *How long* *year or so*

Immediate *Pneumonia* *How long* *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

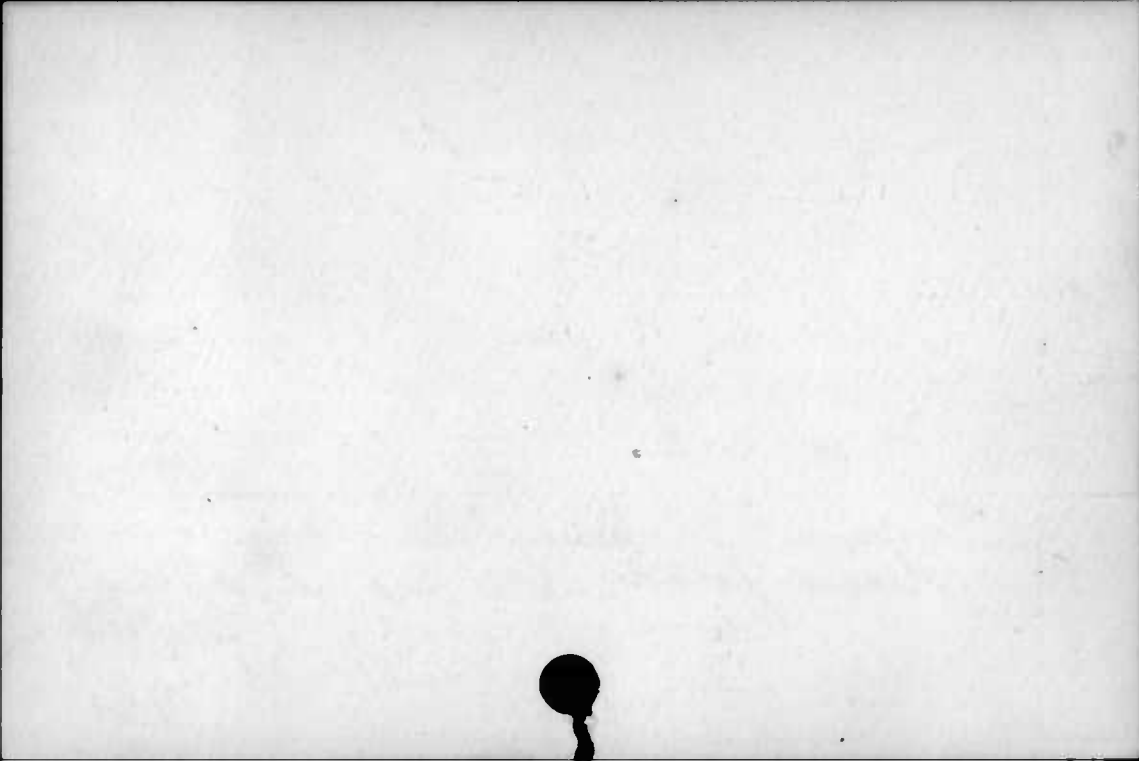
Signature of Physician *J. L. Conroy*

Address *Footburg Md*

Accident or Suicide? *9*



| Name in Full | | CERTIFICATE OF DEATH | | | |
|-------------------------------------|---|--|----------------------------|---------------|-------------------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Camden</i> | | County <i>Allegheny</i> | | MARYLAND |
| | Date of death <i>1908</i> | Month <i>July</i> | Day <i>27</i> | Age <i>75</i> | Months <i>—</i> Days <i>—</i> |
| | Sex <i>Male</i> | Color or Race <i>White</i> | Birth-place <i>Germany</i> | | |
| | Occupation <i>Retired R.R. Eng.</i> | Where Residing if not at place of death <i>—</i> | | | |
| | Married, Single or Widowed <i>Widowed</i> | Name of Wife or Husband <i>Margaret Weigle</i> | | | |
| | Father's Name <i>Michael Weigle</i> | Father's Birthplace <i>Germany</i> | | | |
| | Mother's Maiden Name <i>Don't know</i> | Mother's Birthplace <i>"</i> | | | |
| | Name of person giving information <i>James Weigle</i> | How related to deceased <i>Son</i> | | | |
| PHYSICIAN OR CORONER | CAUSES OF DEATH | | | | 64 |
| | Primary <i>Apoplexy</i> | How long <i>3 or 4 days</i> | | | |
| | Immediate <i>Heart Failure</i> | How long <i>24 hours</i> | | | |
| | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Wm. L. ...</i> | | | |
| | <i>J. Stein</i> | Address <i>Camden, Md.</i> | | | |
| Accident or Suicide? | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

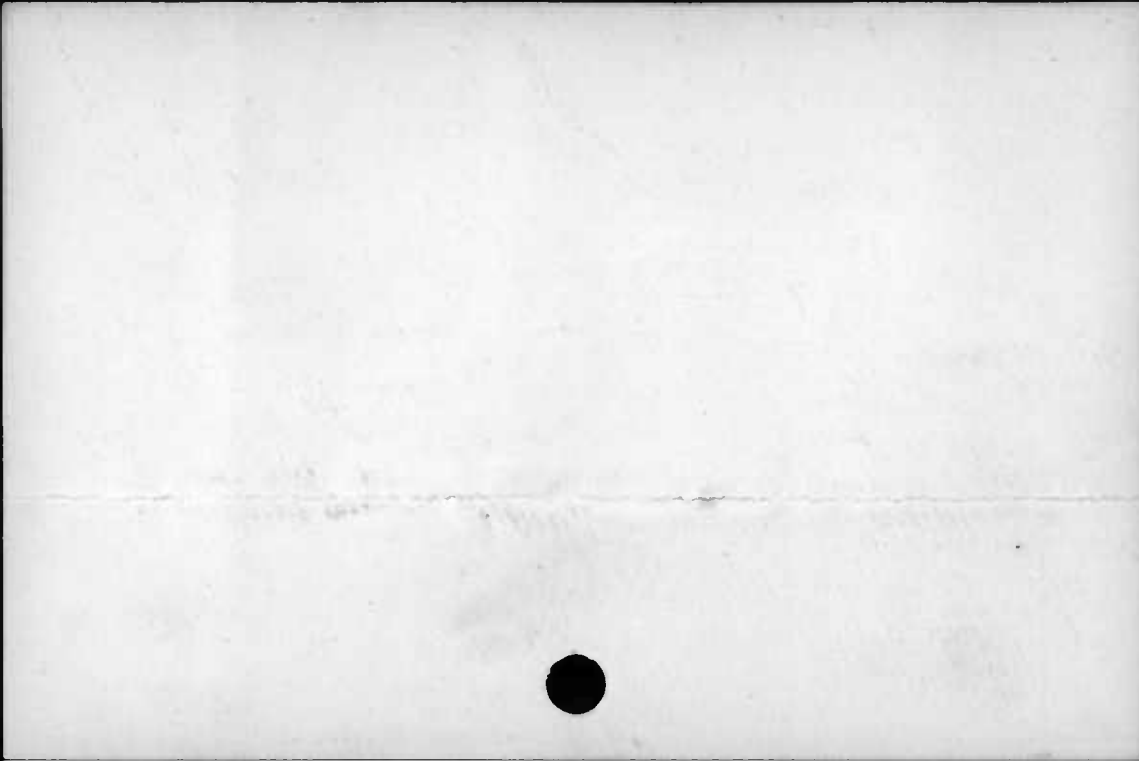
| | | | | | |
|---|--|-----------------------|---------------|-----------------|----------------|
| Died at <i>Mt Savage</i> | | County <i>Alle</i> | | | |
| Date of death <i>1908</i> | Month <i>July</i> | Day <i>3</i> | Age <i>70</i> | Months <i>2</i> | Days <i>25</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Md</i> | | | |
| Occupation <i>Landdress</i> | Where Residing if not at place of death <i>Mt Savage</i> | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>none</i> | | | | |
| Father's Name <i>William Henrick</i> | Father's Birthplace <i>Port</i> | | | | |
| Mother's Maiden Name <i>Marie Thompson</i> | Mother's Birthplace <i>Md</i> | | | | |
| Name of person giving information <i>Joseph H Henrick</i> | How related to deceased <i>Brother</i> | | | | |

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>General debility</i> | How long <i>One year</i> |
| Immediate <i>Heart-failure</i> | How long |
| Are the name, age, sex, color, date and place correctly given above <i>Yes</i> | Signature of Physician <i>J. Carl P. Smith</i> |
| <i>Stem.</i> | Address <i>Ellerslie Smith Md</i> |
| Accident or Suicide? | |



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|---|--|----------------------------------|--|
| Died at <i>Cumberland</i> | | Town <i>Allegheny</i> | | County | |
| Date of death <i>1908</i> | | Month <i>July</i> | | Day <i>13</i> | |
| Age <i>90</i> | | Years | | Months | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Cumberland Md</i> | |
| Occupation <i>Lawyer</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Theresa Widner</i> | | | |
| Father's Name <i>Do not know</i> | | Father's Birthplace <i>Not known</i> | | | |
| Mother's Maiden Name <i>Eleanor Wright</i> | | Mother's Birthplace <i>Scotland</i> | | | |
| Name of person giving information <i>Mrs John Snyder</i> | | How related to deceased <i>Daughter</i> | | | |

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Old Age</i> | How long <i>✓</i> |
| Immediate <i>Exhaustion</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>STH White</i> |
| | Address <i>Cumberland Md</i> |
| Accident or Suicide? | |

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سا



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Frederick - Allegany*

Date of death *1908* Month *7* Day *27* Age *18* Years Months Days

Sex *male* Color or Race *colored* Birth-place *Frederick Md.*

Occupation *waiter* Where Residing if not at place of death

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name *Samuel Wilson*

Father's Birthplace *Springfield Va.*

Mother's Maiden Name *Mary Leaton*

Mother's Birthplace *Frederick Md.*

Name of person giving information *Samuel Wilson*

How related to deceased *Father*

CAUSES OF DEATH

88

Primary *Ulcer of Larynx* How long *Six months*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*J. C. Cohea M.D.
Frederick Md.*

Accident or Suicide?

No.



Name
in
Full

Mary Ann Winchburner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

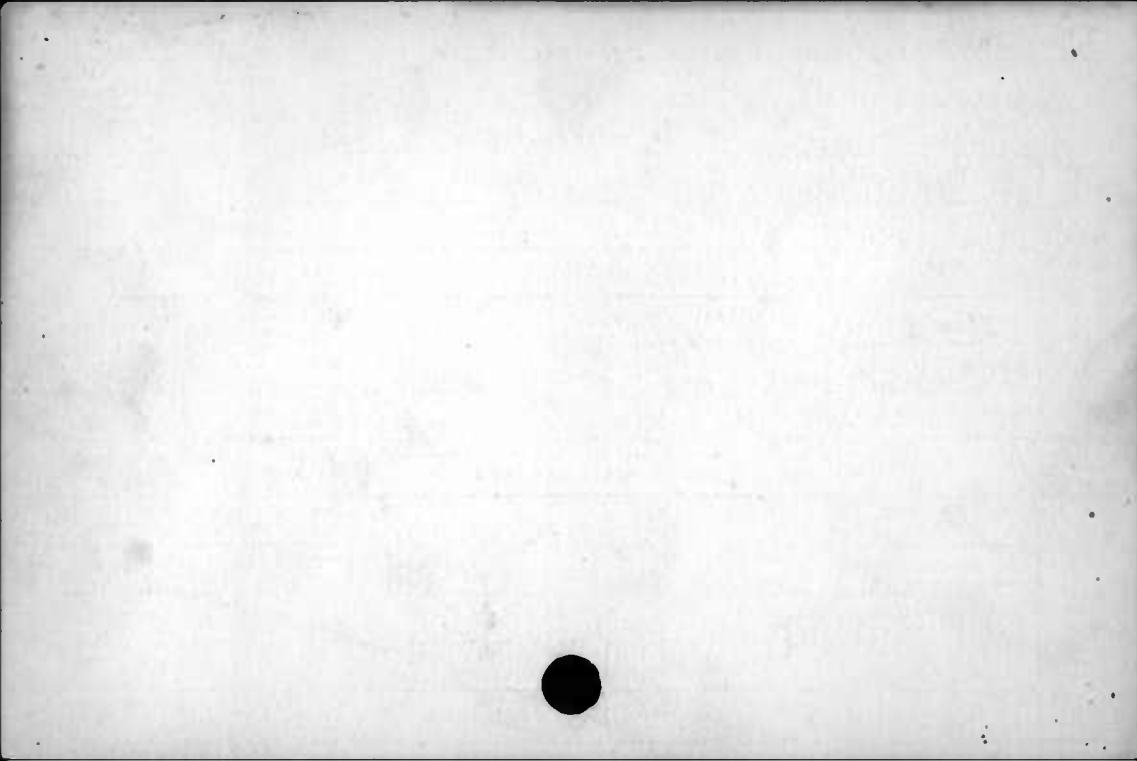
| | | | | | |
|---|--------------------------|---|---|-------------|-----------|
| Died at Carlos <small>Town</small> | | Allegheny <small>County</small> | | MARYLAND | |
| Date of death | 1905 | Month | July | Day | 3 |
| Age | 51 | Years | 1 | Months | 12 |
| Sex | Female | Color or Race | White | Birth-place | |
| Occupation | Wife | | Where Residing if not at place of death Carlos | | |
| Married, Single or Widowed | married | Name of Wife or Husband George Winchburner | | | |
| Father's Name | David Plummer | | Father's Birthplace Unknown | | |
| Mother's Maiden Name | Margaret Bushkney | | Mother's Birthplace Hagerstown | | |
| Name of person giving information | George Plummer | | How related to deceased Husband | | |

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------|--|--------------|
| Primary | Sarcoma Stomach | How long | 3 mo |
| Immediate | Inanition | How long | 5 wks |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician Dr. J. K. White, | |
| | | Address National | |
| Accident or Suicide? — | | md- | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

W. W. Wotting

Died at ^{Town} Near Cumberland ^{County} Allegany **MARYLAND**

Date of death 1908 ^{Month} July ^{Day} 28 Age ^{Years} 38 ^{Months} — ^{Days} —

Sex Male Color or Race White Birth-place

Occupation R. R. Eng. Where Residing if not at place of death Race St. City

Married, Single or Widowed Married Name of Wife or Husband Hope Wotting

Father's Name Jacob Wotting Father's Birthplace W. Va.

Mother's Maiden Name Lettie Negley Mother's Birthplace W. Va.

Name of person giving Information H. S. Wotting How related to deceased Bro.

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary Accidental Drowned How long

Immediste

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. H. Wotting, Coroner Address Cumberland Md.

Accident or Suicide

